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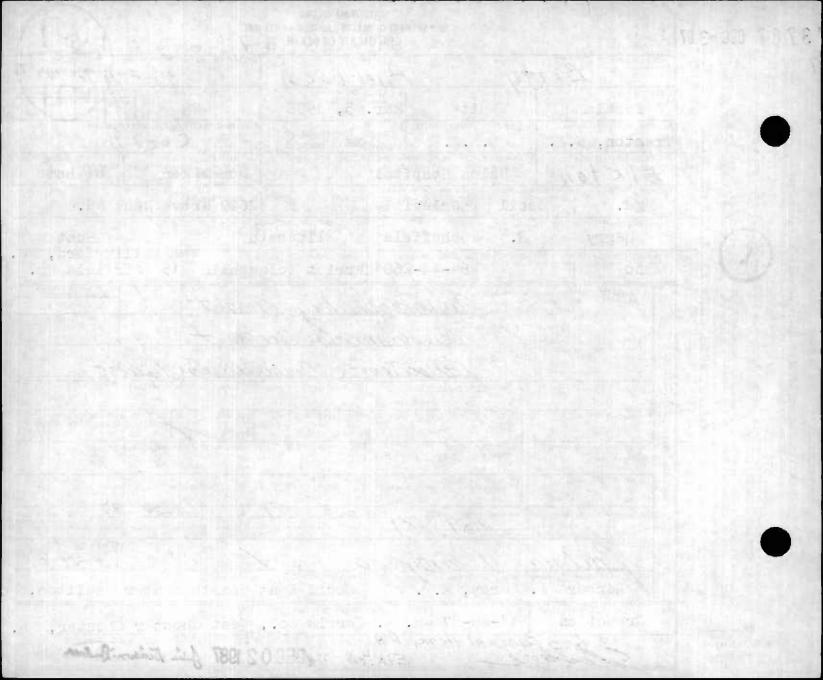
DHMH - 16 50M 7/77 (VR A 15 (4))

14. FUNERAL DIRECTOR

STATE OF MARYLAND

Chester Chester.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAP'S SIGNATURE



Useful director, page 3

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ST	AT	E	OF	MA	RY	LAN

ID DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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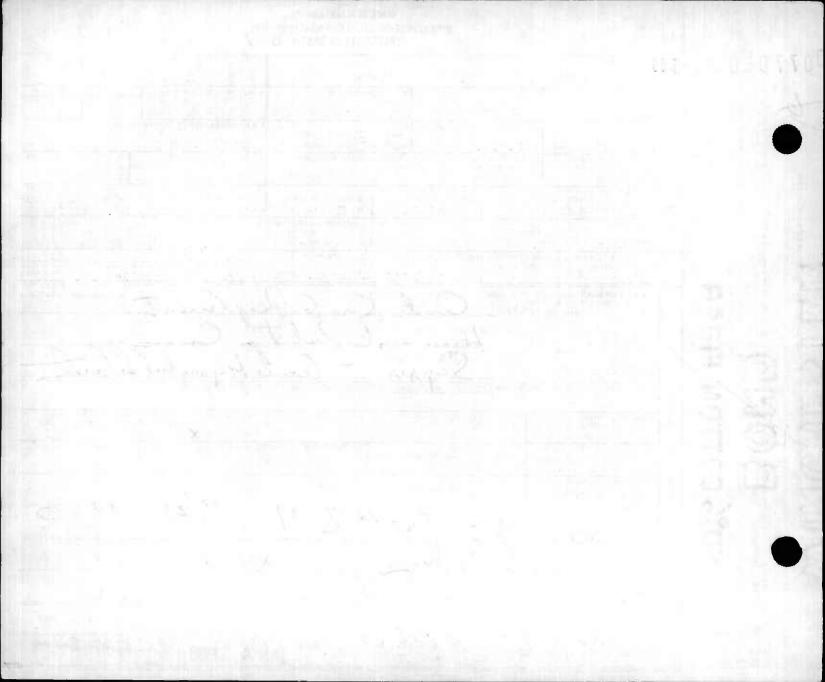
	- STATE REGISTRAR			HEALTH AND MENTAL HYC	/ 33	5 1 /
TOF		MIDDLE		LAST	REG. NO.	DAY YEAR 26 HOUR
2.0	DO PRINT)	A M	7, 3,21	EDC		
	WILLIA			ERS	6. AGE (IN YEARS (AST BIRTHDAY)	29 1987
3 SEX		4 RACE	J. DATE O	OF BIRTH H DAY YEAR	B. AGE (INTEAKS (AST BIRTHDAT)	MONIHS DAYS HOURS
	Male	White	Nove	mber 4, 1906	81 YRS	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
	Maryland	U.S.A.	WIDOW		Cecil County	
0 CI	ITY OR TOWN OF DEATH Elkton	11. NAME OF HOSPI (IF NOT IN SUCH FACIL	ITY, GIVE STREET ADDRESS)	or other institution ecil County	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OWNER Retail	G LIFE) 126 KIND OF BUSINESS INDUSTRY Farm Supply
USUA	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)			10/11/00
	STATE IS COUR		ITY OR TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
-	ather's NAME	ster Lev	visville	YES NO 15. MOTHER'S MAIDEN NA	ville Lewisvill	le Rd. / 19351/
TA	ATHER'S NAME FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
1	William 1	Ε.	Ayers	Bessie	Α.	Smith
	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT	688 Strickers	sville - Lewis
(,	NO NO OR UNKNOWN)		3 05 3443	Clara G. Ave:	rs, Road, Lewis	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS	PONSEQUENCE OF		A1. 1.	180-0
FICATION	couse (a), stating the underlying couse last.	CONDITIONS CONTR	sensis.		IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
RTIFICATION	couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CONTR	BUTING TO DEATH BUT	DN WAS PERFORMED	200 AUTOPSY? 20b IF IN CEF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
L CERTIFICATION	couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	DN WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
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DHMH - 16 60M 7/8 (VRA 15, 4)

10 FUNERAL DIRECTOR. After this certificate has been should be detoched for use os the buriol-trains permit with the State Dept of Health and Mental Hypitine prince.

ATTENDING PHYSICIAN

retained by the haspital or attending phi



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH Q 7								

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DEC - 4 1987 June Decider Condition

8 2 DEC -	87	FOR STATE REGISTRAR				NT OF H		MENTAL HYG	IENE	REG.	5	5	1	8
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ge 4 may ector. poor	3. SE			Cauc.	: 106	DATE O		YEAR OG	6. AGE (IF	78	BIRTHDAY	IF UN	NDER I YEAR	
nerol dir		RTHPLACE (STATE OR FORE COUNTRY)		U.S.A		MARRIED		MARRIED	9 BALTIM		OR COU	NTY OF	DEATH	M
100		TY OR TOWN OF DEATH Yorth East	1	1. NAME OF HOSP 2609 Pu	ITAL, NURSING LITY, GIVE STREET AD LASKI	HOME O	ROTHER INS	NOITUIT	(TYPE OF WO	rk for mos	TION TOF WORKIN	NG LIFET I	NDUSTRY	of Business of Mer
and the second s	13a S	Md.	HOME OR C	TY 13c.	residence before all CITY OR TOWN orth La	. 1	13d. INSIDE (NO 🖾	13. STREET	ADDRES	s/zip.c	ODE HW	y . 2	21901
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Popes Popes		VAS DECEASED EVER IN TES. NO OR UNKNOWN]			SOCIAL SECURI 4-24-1		Evely				t N			st, Md
on physics on pripe emoval event, the		18 CAUSE OF DEATH IE PART I. DEATH WAS	CAUSED	RV.	ar la), (b), and (an	est							DXIMATE INTERVAL NONSET AND DEATH
by the ottendin ose remave cort il, cremation, ar, other troumatie		Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	liote	DUE TO, OR AS	Arterios	clers	ac 7	want d	islas	e.			180	jears
Then ple or to burio	NOIL	PART 2 OTHER SIGNIFI Mycarded in	faron	an 1969.					INAL DISEA	SE OR CC	NOITION	GIVEN	N PART 1	Ia.
hos been the prior of the prior	CERTIFICATION	19a DATE OF OPERATION	7	196 CONDITION	FOR WHICH O	PERATION	WAS PERFO	DRMED	YES L	NO NO				INGS USED S OF DEATH?
ertificate rial-tronsi ental Hygi tem 18 sh	_	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEAT	HOUR A.M.		YEAR 19	21c HOW IN	NJURY OCCURE	ED (ENTERT	ATURE OF IN	IJURY IN ITEM	TS PART I	OR PART 2)	
ter this of the bund We hand Me hand Me	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e PLACE OF IN (AT HOME STREET, FA		M, ETC)	211 LOCATI		lie.	CITY OR	TOWN		COUNTY	STATE
for use of Mealth		220. I certify that (I) (the sow the deceased a	alive an_	attended the dec	198-	Z , an	d that in (my	, 19 (a 9	, ta death accur	ed on the	12 7 dote and		87 d from the	, that (I) (weeklo
detached ate Dept T. If Item		226. SIGNATURE ELEGAN EL	7-		deom.		DEGREE . D .	ATTENDING PHYSICIAN	MEDICA	S1	AFF SICIAN []			z(87
should be det		22d PHYSICIAN'S NAME EDGAR E			m.0.		22e ADDRES	ss lorth st		111			mD	21921
O Share		URIAL, CREMATION, REA	MOVAL	236. DATE 12-5-8	7 Ba		METERY OR	CREMATORY	236 100	ATION NWOT TOWN	ag+	Cec	DUNJY T	MASIATE

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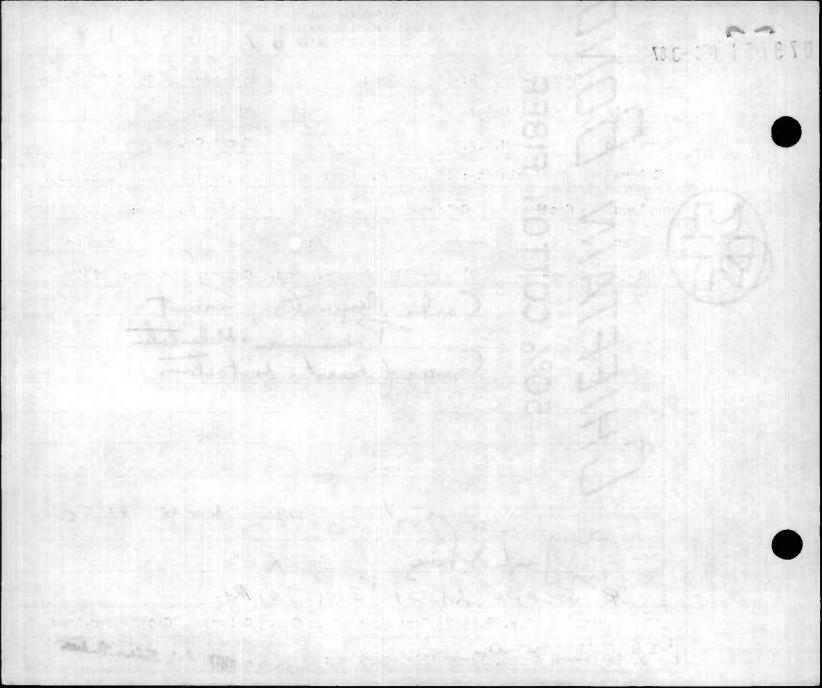
RE, MARYLAND 2 201	The within 24 hoors with gentle Trope	Carried Charles - by the Learning Grecos
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 (20)	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificats profits within 24 least the territions regeresioned by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and rain in the latter should be detected for use on the burst strong through the company of the other strong through the other s

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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010	1101	ULL	I DE	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	poge 3			On PROOF	Dean	е	R.	Во	nd		November	25	1987	7:00p M
	a po		3 SE	X		4 RACE	120	5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BE	PTHDAY)	UNDER YEAR	IF UNUER 24 HR
	ge 4 ecto		1	Female		Wh:	ite			916	71 yrs.	YRS.	UNITS DATS	HOURS MIN.
	2 41	261	70 B	RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D X NEVER MA	RRIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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AND 2	社	35	13a :	AL RESIDENCE (IF NUF STATE Aryland	136 COUI	NTY	13c CITY OR T	OWN		O 🛣	130 STREET ADDRESS 15 Love R	zip code un Roa	d	21917
MARYL	0	07	0	Elmer	J		Reese			da	WIDDLE		Runr	
ALTIMORE,	€ F 墨	14/	160 \	VAS DECEASED EVEL VES NO OR UNKNOWN) NO		WE WAR OR DATES!	16b SOCIALS		17 INFORMANT		ADDR			
MI.		4		NO			218-80	7209	John R.	Bond,	Colora,	Maryla		
ESTON ST., BA	death certificat attending physicole ave carbanpap	raumatic event,		PART I. DEATH \ Conditions, if any gove rise to im	IMMEDIA	TE CAUSE (0)	OR AS A CONSE	dia	Resper	Der	- + Malu	the	BETWEEN C	wate interval Miset and Death
201 W. PR	ed by the	ar ather t		couse (a), state underlying cous	ng the e lost.	(e)_	PRAS A CONSE	unf	Beeux	1-1	untorlo	m		
DS,	Sign	le de la constante de la const	NO	PART 2 OTHER SIG	MIFICANI	CONDITIONS	ONIKIBUTING	TO DEATH O	NOT RELATED TO) THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART I I	
AL RECOR	on. has been t permit.	À T	TIRCATE	14s DATE OF GPERA	TION	HE COND	TION FOR WH	ICH OPERATIO	N WAS PERFORM	ED.	20s AUTOPSY? YES □ NOSE	78h IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
4 OF VIT	SICIAN. T 19 physics certificate rial-transi	E	CAL CER	OR CONTRIBUTING []	CAUSE OF DE	HOUR A		DAY YEAR	THE HOW INJUS	RY OCCURRE	D (1998) SHOW OF NAME	PARTITION IN THE	II (OLIMIT)	
DIVISION OF	offer this cert	orked or	MEDICAL	THE NURY OCCUR		276 PLACE (#1 HOME, 1.0	OF INJURY	CE. YARM, ETC.)	JII LOCATION		CITY CR 10		county	STATE
	ATTENDI	m 24 is m		22s.1 certify that II saw the decem- obove, (1) gen 2		tall attended it		100		19 77 IP) apinion de	to Coursed on the d		and from the c	
	ITAL OR by the high RAL DIRL	- diam	0	224 SIGNATURE 224 PHYSICIAN S.M		mh	Stu	ne	PHI	ENDING A	MEDICAL STA		TH. DATE !	KGNED
	TO HOSPITAL retained by It TO FUNERAL should be det	IMPORTA		DE.	500	DEPH	LA	WZ1	ELIC	TON	, Md.			
	BP		. (SPECIFY Buri	al	Nov.28	3,1987	West N	emetery or cre ottinghar	n Cem.	Color and		l∾Mary	
	DHMH - 16 60 (VRA 15,		Pe	e A. Patt	erson	* Son,	Perryvi	lle, M	aryland	25a DATE	REC'D. BY REGISTRAR	256 REGISTR	AR'S'SIC ATI	ing.

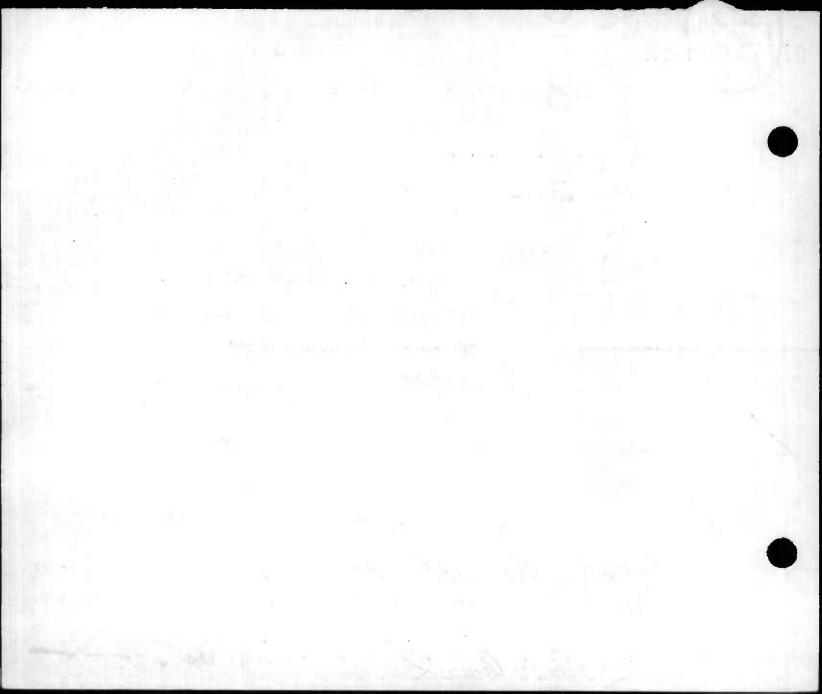


BP. DHMH - 16 50M 4/83 (VRA 15, 4)

may be

STATE OF MARYLAND CERTIFICATE OF DEATH

V -5	FOR STATE GISTRAR	DEPART	MENT OF HEALTH AND I		NE, REG. NO.	5 5 2	0	
I. D	DECEASED NAME FIRST	MIDDIE	LAST	2	DATE OF DEATH	NONTH DAY Y	EAR 26 HOUR	
110	EDNA	CVAI 6	Brisker		12	30 87	4:25	PM
3. S		4 RACE	S. DATE OF BIRTH		AGE (IN YEARS LAST BIRTH			MIN.
100	- /emale	Write	July 5,	1943	74	YRS	DATS MOOKS	
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) CTTT FEST, Md	76 CITIZEN OF WHAT COUNTRY?	MARRIED LE NEVER	AARRIED .	Geoil	COUNTY OF DEA	TH	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADORESS) tel	TITUTION II	THE OF WORK FOR MOST OF	WORKING LIFE) INDU	IND OF BUSINESS	5 OR
Us 130	SUAL RESIDENCE (IF NURSING HOME O I STATE 13b. COU M.C	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13C. CITY OR TOW	YES 🖹	NO []	SE STREET ADDRESS	Z'E CODE Flvd	1. 2192	10,
K IL	FATHER'S NAME FIRST George	Phineas Crai		Maiden Name Raches]	Irene Hi		S LAST	
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU 217-20			ADDRES Bristow J:	r · San /	Roanok Intonio	
	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	oly and cause per line for (0), (b), are BD BY I I I I I I I I I I I I I I I I I I	ENCE OF HYDYO	ne trial				
CERTIFICATION		CONDITIONS CONTRIBUTING TO			28a AUTOPSY?	20b. IF YES, WERE F	FINDINGS USED	,
		ATH HOUR A.M. MONTH D		JURY OCCURRE	YES NO	YES	NO []	_
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	211 LOCATIO		CITY OR TOW	n (Our	NTY STA	ité
		n 127 30 19 ot) view the body after death.		(our) apinian de	ta 12 - 31 oth accurred an the dat	te and have and lea		e) last ed
	The H	Dannell	MO	PHYSICIAN V	MEDICAL STAFI	F	DATE SIGNED	7
	1710 PHYSICIAN'S HAME (TYPE	Donnell, N	13)	W. M	tin St. G	FIK DN,	MD 219	12/
230	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation		.A. Ferris		133 LOCATION CHYORTOWN	ester C	rester	Pg.
24	FUNERAL DIRECTOR IN THE TOTAL			d. 250 PATE		Sh. REGISTRAR'S SI		Alb



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IND HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

etoined by the hospital or attending physician

BP

THMH- 16 50M 1/81 (VRA 15, 4)

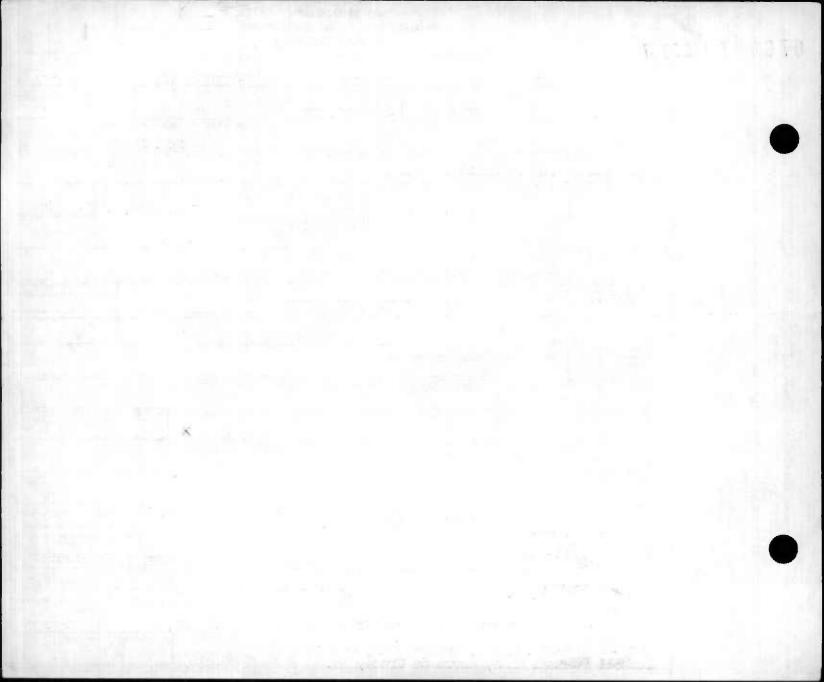
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

#10F	posts	2100	13	-
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TOPE OR PRINT) LA 3. SEX	S1 A							
		MIDDLE	LA	AŠT	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
3. SEX	RUE		BURN	IS	DECEMBER :			6:25A
	4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIR	THOAY) IF UP	HS BAYS	IF UNDER 24 F
MALE		HITE		ARY 1, 1922	65	YRS		
78. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
DE	USA		WIDOWE	D DIVORCED		CIL COUNT		
PERRY POINT,	MD VA MED	ICAL CENT	ER	R OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O LABORER		ZE KIND O NDUSTRY	F BUSINESS
USUAL RESIDENCE (IF NURSING HO 130 STATE 136	OME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WILMINGTON	N	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 2516 NEWEL	L DRIVE,	99	19808
FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			ĮAS	51
16a. WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
1.500.000	942-1943	221-12-5	131	PERRY POINT HOS	PITAL RECORDS			
gave rise to immedia		R AS A CONSEQUE						
	(c)	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	70e AUTOPSY?	206 IF YES, W	ERE FINDING CAUSES	NGS USED
PART 2 OTHER SIGNIFIC. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	ANT CONDITIONS CO	DNTRIBUTING TO D	OPERATION		200 AUTOPSY?	206 IF YES, WIN CERTIFYING	ERE FINDING CAUSES	NGS USED
PART 2 OTHER SIGNIFIC. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	ANT CONDITIONS CO	DITRIBUTING TO D ITION FOR WHICH (IF INJURY M. MONTH DA M.	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFYING	ERE FINDING CAUSES	NGS USED OF DEATH?
PART 2 OTHER SIGNIFIC. PART 3 OTHER SIGNIFIC. PART 4 OTHER SIGNIFIC. PART 5 OTHER SIGNIFIC. PART 2 OTHER SIGNIFIC. PART 4 OTHER SIGNIFIC. PART 4 OTHER SIGNIFIC. PART 4 OTHER SIGNIFIC. PART 5 OTHER SIGNIFIC. PART 5 OTHER SIGNIFIC. PART 6	ANT CONDITIONS CO. 196 CONDITIONS CO. 197 CONDITIONS CO. 198 CO	DITRIBUTING TO D ITION FOR WHICH (IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY,	OPERATION AY YEAR 19 ARM. ETC.)	N WAS PERFORMED ZIC HOW INJURY OCCURR ZIH. LOCATION STREET	200 AUTOPSY? YES NO	206 IF YES, WIN CERTIFYING YES THE TIEM TO PART I	ERE FIND IN G CAUSES] OR PART 2) COUNTY	NGS USED OF DEATH? NO
Underlying cause lo PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX AT WORK 270.1 certify the XX (this sow the deceased oil	ANT CONDITIONS CO. 196 CONDITIONS CO. 197 CONDITIONS CO. 198 CO	DITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REE1, FACTORY, OFFICE,	OPERATION AY YEAR 19 ARM. EIC)	N WAS PERFORMED ZIC HOW INJURY OCCURR ZIH. LOCATION STREET	206 AUTOPSY? YES NO ED (ENTER NATURE OF INJUITE OF INJU	206 IF YES, WIN CERTIFYING YES THE TENTE OF	ERE FINDING CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO
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STATE OF MARYLAND

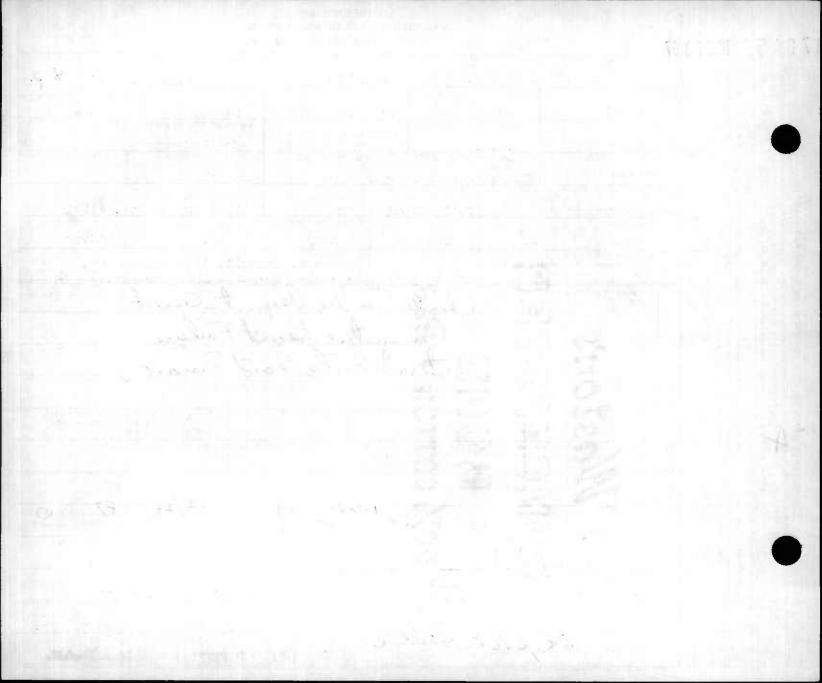
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH &

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	COUNTRY)	The CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	S BALTIMORE CITT OR COOL	NIT OF DEATH
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Pe	ennsylvania	Phil	adelphia	YES NO	117 Clarkston	/ / / /
H.E	ATHER'S NAME	WIDDLE L	AST	15 MOTHER'S MAIDEN NA	ME MIDDLE	
60	John		OX	Mary	E.	McIvor
	WAS DECEASED EVER IN U.S. AF		AL SECURITY NO.	17 INFORMANT	ADDRESS	
5	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	14 9669	Robert E. Ca	rroll, 2004 Ho	1000
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CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT I	DUE TO, OR AS A CONTINUE OF THE CONDITIONS CONTRIBUTED TO THE CONDITION FOR	ACTO DEATH BUT			GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \) \(\text{NO} \)
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2	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR			
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	22a I certify that (I) (this hasp sow the descript all olive or above, (VAVI) did (did no	ital) attended the deceased	19 87.0	10	to 2/23 deoth occurred on the date and	
	77b. SIGNATURE	Shu		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226 DATE SIGNED
	THE PHYSICARN'S NAME (THE	SR PRINT)		77e ADDRESS		
	Dr. Joseph G.	Lanzi, M.D.		721 Bridge S	t., Elkton, Md.	. 21921
23n.	BUTTAL CREMATION REMOVAL		73t. NAME OF C	EMETERY OR CREMATORY	736 LOCATION	
	Cremation	Dec.24, 198	7. R.A.Fer	ris & Company	West Chester	Chester Pa
24 F	UNERAL DIRECTOR	044 824	eak		E REC'D. BY REGISTRAR 256 REC	
	Hacks Home I	a Funerals	OORESS EIKCO	n, Md.	2 0 1007	Kriedman Randoll
		/		UEU	2 8 1987 1	MANAGON - MONTO

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been signed by the attentional be detached for use as the burial-transit permit. Then please immark it with the State Dept. of Health and Mental Hygiene prior to burial, cremation.



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STATE OF MARYLAND

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ATTENDING PHYSICIAN The law

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STATE OF MARYLAND

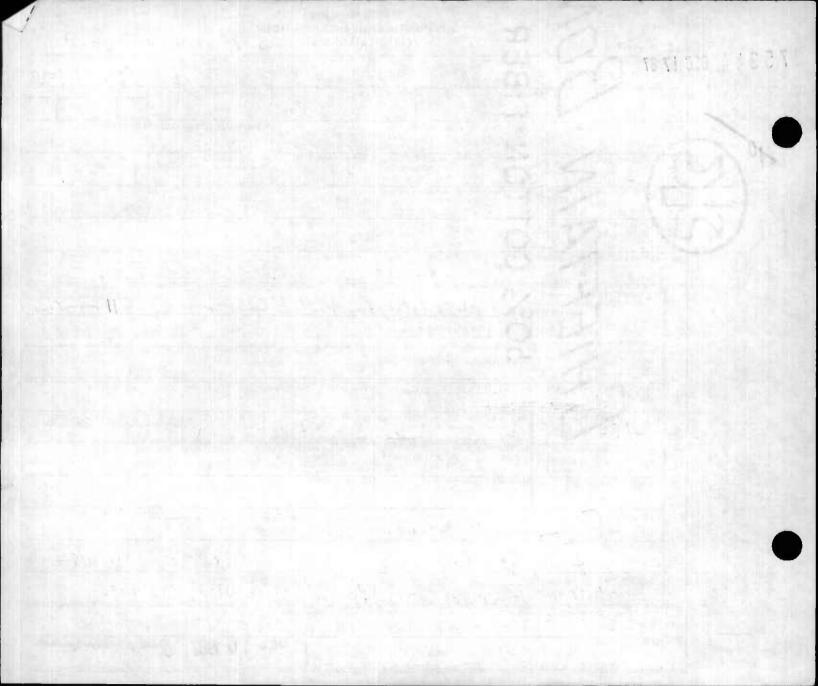
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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o P	3 SE			4 RACE			5. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIR	HDAY)		UNDER 24 HRS
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front front 18 s	-	21a. ACCIDENT WAS UND	- Louis	216. TIME C	OF INJURY M. MONTH	H DA	Y YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUS	Y IN ITEM IB P	ART (OR PART 2)	
ter this cert is the buriol h and Mente rked ar Item	MEDICAL	21d INJURY OCCURR	RED	21e PLACE	M. OF INJURY REET, FACTORY, O	OFFICE, FA	19 RM ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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± 5 3 ≤		Burial, CREMATION,	REMOVAL	236 DATE 12-1	3-87			EMETERY OR CREM	ATORY	Rising	Sun	Cecil	'M'D
- 16 60M 7/84	24 F	UNERAL DIRECTOR		Ph	ADD	PRESS			250. QAE	ECT 6 1987	256 REGIST	BARS SIGNATUR	Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

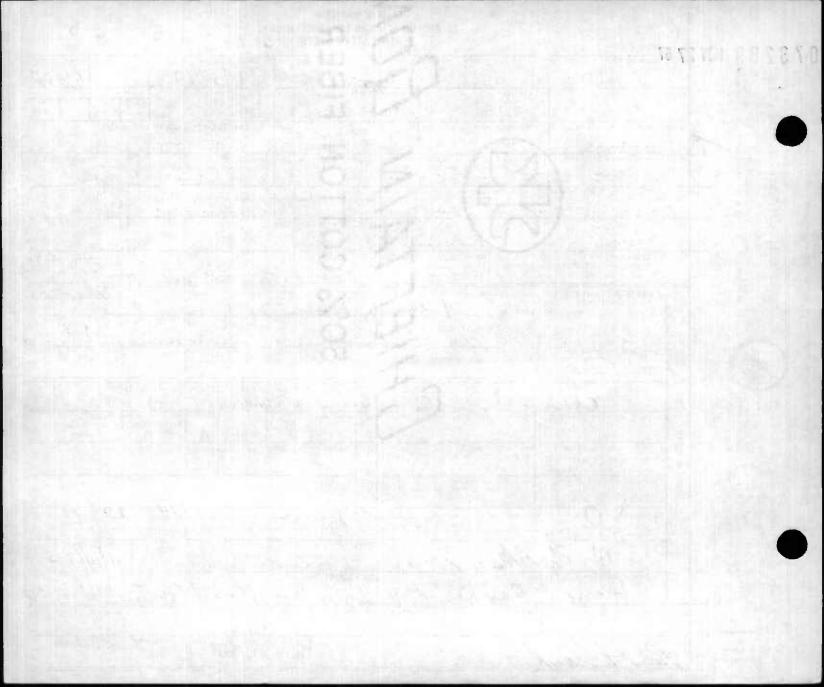
Foard Funeral Home Rising Sun,



STATE OF MARYLAND CERTIFICATE OF DEATH

> 9 BALTIMORE CITY OR COUNTY OF DEATH Cecil County 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR INDUSTRY Homemaker Home 13e.STREET ADDRESS / ZIP CODE 670 Hances Point Road O'Leary ADDRESS 3001 Gradyville Rd Broomall. PA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Weah 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [CITY OF TOWN COUNTY STATE MEDICAL STAFF STATE 250. DATE REC'D. BY REGISTRAR 24. REGISTRAR SSIGNT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE PEGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Mary Cotumaccio 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR Female 12-15-07 White O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsvlvania WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North East 670 Hances Point Road SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 113b COUNTY 13d INSIDE CITY LIMITS? Maryland Cecil North East 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST William Julia Carrigan 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST NO unknown Joseph R. Cotumaccio, Jr. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ental Hygie 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC ! STREET AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. 11/14_19_\$ 7, and that in my (aur) apinion death occurred on the date and hour and from the causes stated DIRECTO obove (1) (we) (did) (did no) view the body ofter death 22h SIGNATURE DEGREE ATTENDING should be detowith the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23h DATE COPPLEX N. FUNERAL DIRECTOR DHMH - 16 60M 7/84 ADDRESS (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

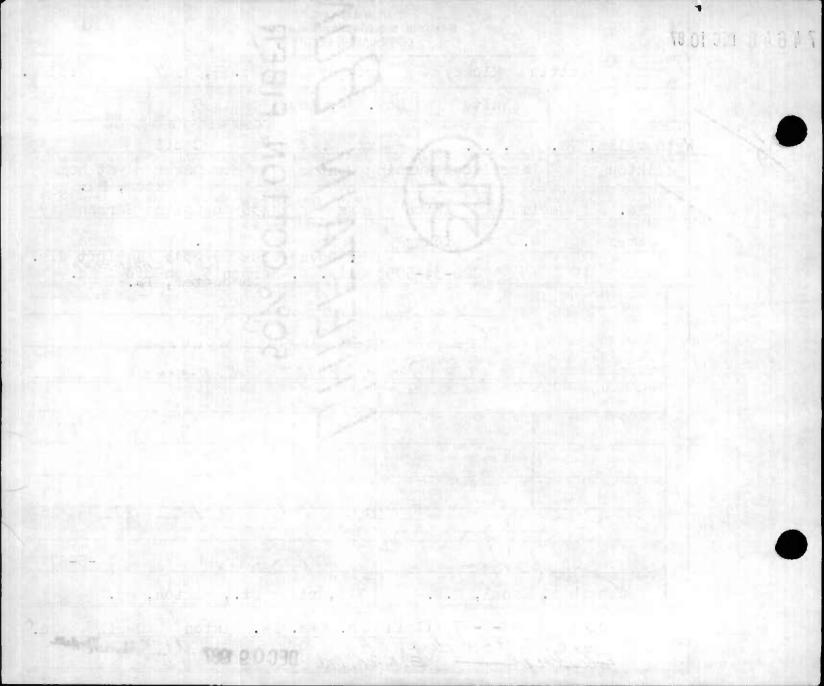
REG. NO

DECEASED NAME 20 DATE OF DEATH 26 HOUR Lottie Rickey (TYPE OR PRINTS 1987 Dec. Crowgev 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE [IN YEARS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HRS Female White MOV. 1.4, 1.892 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED theville. Cecil WIDOWEDXX DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Laurelwood Warsing Center Elkton TIME OF THE OH STROKEN LIFE INDUSTED HOME USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Md. Ceci Elkton Augustine Herman YES KIK 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Rickey James Emma Ward A. 17 HILLORADOVIS Crowgey ADDRES 3 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Cones (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Harmon 5 Eliz. C. no BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for A PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [2)a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased fram saw the deceased alive on above, Diwe Idial (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF 12-5-87 PHYSICIAN _ 22d PHYSICIAN STRAME THE CHARLES 22e ADDRESS Joseph G. Lanzi, M.D. 721, Bridge St., Elkton, Md. 230 BURML, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Man. Mem. Ceci Md. 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT:



DHMH - 16 60M 7/84 (VRA 15, 4)

075596

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG NO		
(TYPE OF PRINT)	FIRST	MIDDLE	į.	AST	20 DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
J	ames	E.	Dedma	n, Jr.	Dec	. 15,1987	7 6:00 A
3 SEX	4 RAC	E	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YE	
Male	Wh	ite	June		83	YRS	S HOURS A
TO BIRTHPLACE STATE	OR FOREIGN 76 CIT	IZEN OF WHAT COUNT	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR		
Alabama	U	.S.A.	WIDOWE		Cecil Count	У	
10 CITY OR TOWN OF			JRSING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND	OF BUSINESS
Elkton		7 Elk Fores			(TYPE OF WORK FOR MOST OF W		
USUAL RESIDENCE (IF	URSING HOME OF OTHER IN	NSTITUTION GIVE RESIDENCE			Mining Eng.	Minir	19
13a STATE	136 COUNTY	13t. CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z		
Maryland 14 FATHER'S NAME	Cecil	Elktor	n	YES NO NO	1677 Elk For	est Road	2192
FIRST	MIDDLE	LAST		FIRST	AME		LAST
James	E.	Dedman		Madge		Whitr	ney
160 WAS DECEASED EN			SECURITY NO.	17 INFORMANT	ADDRESS	Elkton, M	d. 2192
No		155 10	0 3752	Marialyce N	. Dedman, 1677	Elk Fores	t Rd.,
	IMMEDIATE CAU	SE (0)	./	im/c car	cinoma of Tra	ewa /	7
gove rise to cause 10), sit underlying co	oting the DU	(c)TIONS CONTRIBUTING		NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART	lio
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OR CONTRIBUTION	CAUSE OF DEATH	b. TIME OF INTURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II	SIEM IS PARTIORPART	1
CIF EITHER NOTIFY OCCU		e PLACE OF INJURY 1 HOME STREET FACTORY OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	51A
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sow the dec	did) (did not) view	the body ofter death	19 8 7 on	d that in (my) (our opinion	deoth accurred on the date	and hour and Iram t	he couses state
226. SIGNATURE	nh s	Sech		DEGREE	MEDICAL STAFF	22c DA	TE SIGNED
22d PHYSICIAN'S	NAME (TYPE OF PRINT)	7 000 000	, , ,	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAL	и	5/87
Ha	nry Fo	erkas, s	77	P.O. Box 108	6, Elkton	mp 21	921
238. BURIAL, CREMATIC	ON, REMOVAL 236	DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STA
Crema	cion De	c.15,1987	R., A. Fe	rris & Compan	ywest Cheste:		
24 FUNERAL DIRECTOR	Home for	Funerals	tech.	ikton, Md.	FERECED BY REGISTAR 25	REGISTIAN	HE PERSON

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BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH 8

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I. DEC	CEACED BLANE				REG. N			
LIVPE	CEASED NAME FIRST	MIDOLE	7)	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	GERTRU	de	Doni	1/11/15	ALC: N. HERST	12/1	4/87	105.
3 SE)		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 H
f	female	caucasion	1 00 NTH	14-1906 YEAR	81		MONTHS DAYS	HOURS MI
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	assachusetts		MARRIE	D NEVER MARRIED	Pa	. /	7/	
	ITY OR TOWN OF DEATH		WIDOWE		C C 67	/	(0)	
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130 S	at residence of nursing home state aryland Cec	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	WN C	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		7 200
Ma	aryland Lec	il Rising	g Sun	YES MO		on Dr		21911
14. FA	ATHER'S NAME	MIDOLE LAST		15. MOTHER'S MAIDEN NA	ME			
	John	Doerr		Minnie	WIODIE		Bergn	
16a. W	WAS DECEASED EVER IN U.S.		URITY NO.	17. INFORMANT	ADDRE	ESS M T		
		GIVE WAR OR DATES)	0011	1.7.7.7. D	, .		Brinke	
	10 n/	a 080-18-	9914	William Do	nahue. Jr	. Kis	sing S	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly one cause per line for (a), (b), o	Dr-				BETWEEN	MATE INTERVAL ONSET AND DEAT
		ATE CAUSE IO) KUSDITI	alores	Arrest				
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	Canditions if any which	1	- (neumonia				
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0761130	EC 2	STATE OF MARYLAND FOR STATE STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH ANDLE LAST STATE OF MARYLAND REG. NO. 120. DATE OF DEATH MONTH DAY YEAR 126 HOUR TO DATE OF DEATH MONTH DAY YEAR 126 HOUR
RE, MARYLAND 21201 ecuted within 24 hours ofter death. Fage 4 may be a completely filled in by the tuneral director. page 3 early dad Telfould be filed within 72 hours ofter death that the filed within 6 force.	70. 70. 13.	EX. I. RACE S DATE OF BIRTH MONTH DAY YEAR BIRTHPLACE (SI'ALE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NOT DEATH COUNTRY COUNTRY MARRIED NEVER MARRIED NOT COUNTRY OF DEATH CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) U.A. RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1. STATE 136, COUNTY MORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION (TYPE OF WORKING AFFEL) WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO. 17. INFORMANT NOT EAST 21901 CYCHAMILLAND COUNTRY OF DEATH WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO. 17. INFORMANT NOT EAST 21901 CYCHAMILLAND COUNTRY OF DEATH WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO. 17. INFORMANT NOT EAST 21901 CYCHAMILLAND COUNTRY OF DEATH WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO. 17. INFORMANT NOT EAST 21901 CYCHAMILLAND COUNTRY OF DEATH WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO. 17. INFORMANT NOT EAST 21901 CYCHAMILLAND CYCHAMILL
S, 201 W. PRESTON ST., BALTIMORE, juries that the death certificate be execujated by the attending physician and c an please remove carbangopers, Pages, burial, cremation, or remaval. I bury, ar other troumatic event, th		18 CAUSE OF DEATH LEnter only one couse per line for 10 , (b) and (c) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lot, storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.0
DIVISION OF VITAL RECORDS, AL ON ATTENDING PHYSICIAN: The law requir the hospital at attending physician. AL DIRECTOR After this certificate has been sig- etached for use as the burial-transit permit. There are Dept. of Health and Mental Hygiene prior to be its them 21 is marked at Item 28 show, equy injury.	MEDICAL CEPTIFICATION	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT: If	1	174 PHYSICIAN'S NAME (1941 DATE) 175 ADDRESS 221 E MAIN EIKTON MS BURBAL CHEMATORY 1734 LOCATION 170 ADDRESS 221 E MAIN EIKTON MS

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL CREMATION.

73h DATE

THE MAME OF CEMETERY OR CREMATORY

ADDRESS RISING

23d LOCATION CITY OR TOWN

25b. REGISTRAR'S SIGNATURE

0228 001	13	tms 18a FOR STATE STATE	thru 22	a FilmG633	PERTMENT OF	ATE OF MARY	MENTAL H		5 5 REG. NO.	3 5	
MANNE	DE	CEASED NAME	Winif	red	R.	Frazi	er	OF OF	KNOWN X *	10/ 19/10	VEAR 75 HOUR
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PAGE 5		ITY OR TOWN O		TE NAME OF HOSE	ITAL, NURSING HOP BLITY GIVE STREET ADDRESS pital of (ME, OR OTHER INST	TITUTION	12e USUAL OCCU FOR MOST OF WOR	PATION (TYPE OF KING LIFE)	WORK 126 KIND	OF BUSINESS DUSTRY
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W 202	V	ATHER'S NAME William		John	Haggett	I	THER'S MAIDER	NAME "	DOLE L.	Ke1:	ly
ALTIMO SIVE PA TH FOR MAGES I		WAS DECEASED YES, NO, OF UNKNOW NO		RMED FORCES? E WAR OR DATES)	219 34 02		tty Ann	Fischer,	ADDRESS Elkton,	Md. 2	1921
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BIVISION OF V. E. THIS CERTIFICATE. FE. WRITING THE WE REWARDED TO THE E. PAGE 3 SHOULD B. STATE DEPARTMENT (), 21201 PRICH DEP	MEDICAL CER	210 EXTERNAL UNDERLYING CONTRIBUTION 21d (NJURY OF WHILE AT WORK	OR Pri	21e PLACE O	MONTH DAY YE	37 Subject 21f LOCATION STREET	ct inges	ted Drug city or to Elkton,	wn	county	STATE
TO MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO PAGE 4 SHOULD BE FORW TO EUNERAL DIRECTOR: PARTER DEATH, WITH THE STAND, 2		death resulted	AME D	ge of the remains desc wal causes S ennis F. S	Just 1	Mille	sistant	Undetermined mo	onner ,	my opinion DATE 10/	
T SAGE TO A SAGE	23a E	UTYPE OR PRINT	ON, REMOVAL		23c NAME OF C	ADDRESEMETERY OR CREM	MATORY	Penn St.		county Cecil	STATE Md.
25M DHMH - 17 (VR AT5 ME (5))		icks Hom	10111	unerals	Ral	ton, Md.		2.7 1987	R 256 REGISTR		all.

STATE OF MARYLAND	
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5	.)	2007		

				STATE OF MA	RYLAND			-2 6	
73498 DEC	-1 -	ECR STATE REGISTRAR	DEP	ARTMENT OF HEALTH A	OF DEATH	REG. N	5 5	5 0	
		CEASED NAME FIRST	MIDDLE	LAST	1	20. DATE OF DEATH	MONTH DAY		HOUR
oy be death	(117)	KOSE	K.	Greng	ler	Nov. 27,	1987	2	2:00 A
moy ter d	3. SE	(4 RACE	S DATE OF BIRTH	TAY VEAR	6. AGE (IN YEARS LAST BIR	THDAY] IF UI		JNDER 24 HRS
ge 4	1	Female	White	Feb. 3,	1902	85	YRS		
1 25	70 ві Ва	RTHPLACE ISTATE OR FOREIGN OUNTRY) It., Md.	76. CITIZEN OF WHAT COUN	MARRIED NE	VER MARRIED DIVORCED	PALTIMORE CITY C	R COUNTY OF	DEATH	MD.
The state of the s		TY OR TOWN OF DEATH Elkton	11. NAME OF HOSPITAL, NI IF NOTIN SUCH FACILITY, GIVE 162 RUSS (RINSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ON 1 OF WORKING LIFE)	Zb. KIND OF BU NOUSTRY Let	ISINESS OR
	Ula. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE ITY OR TIMORELINTH	TOWN \$ 136. INS	IDE CITY LIMITS?	13e.STREET ADDRESS	Zücept H	ammond	Rd.
11/10	(6-E)	THER'S NAME	MIDDLE LAS	15. MO	THER'S MAIDEN NA				
AND	1	FIM31	MDOIT	ell	Fannie	May		'Ke]	0
(1)		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV		3-5221-D	Betty Ma	ay Lane 16		kton, ell Ro	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	oly one couse per the for 101, 11 D BY TE CAUSE 10)	. / . / .	ilues			APPROXIMATE BETWEEN ONSE	T AND DEATH
guires that the deot signed by the otten hen please remove or to burial, crematian, ijury, or ather traum,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, ORAS A CONS (b) A P P DUE TO, ORAS A CONS (c) G VANO CONDITIONS CONTRIBUTING	EOUENCE OF CAT	cinomy -	RT CLEEK	DITION GIVEN	N PART 10	
he law renon. hos been to permit I to perm	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS I	PERFORMED	200. AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYING YES	ERE FINDINGS G CAUSES OF	USED DEATH?
PHYSICIAN: T ending physici this certificate to burial-fronsi ad Mental Hygi d or Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)	
ottendin iter this is the bu h and Mo	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O		CATION	CITY OR TO)WN	COUNTY	STATE
NDIN Lor Secola Secola		220. I certify that Withis hospi	tal) attended the deceased f	rom_ 17-13-8	19_7	, to	7- 19-	& F, that	(I) (we) lost
R ATTE hospito RECTO ned for tent. of H		above, (1) (we) (did) (did no	view the body ofter death.	.19, and that is	(our) opinion	death occurred on the d	ote and hour on	d from the cous	ses stoted
0 = 0 70 -	(The HOX	mill	REGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	11- 27	NED -87
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT; if		inothy O	· Donnell 1	17) 131	W- Mai	n St E	?1K/01,	MD.	21921
BP	23a	SURIAL, CREMATION, REMOVAL SPECIFY) Cremation	11-27-87	23c NAME OF CEMETER R. A. Fer:	ris Co.,				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR SEE	FINCRA! H	EIKton	md. NO	V 30 1987	1 .	SSIGNATURE	

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital ar attending physician.

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Theurs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

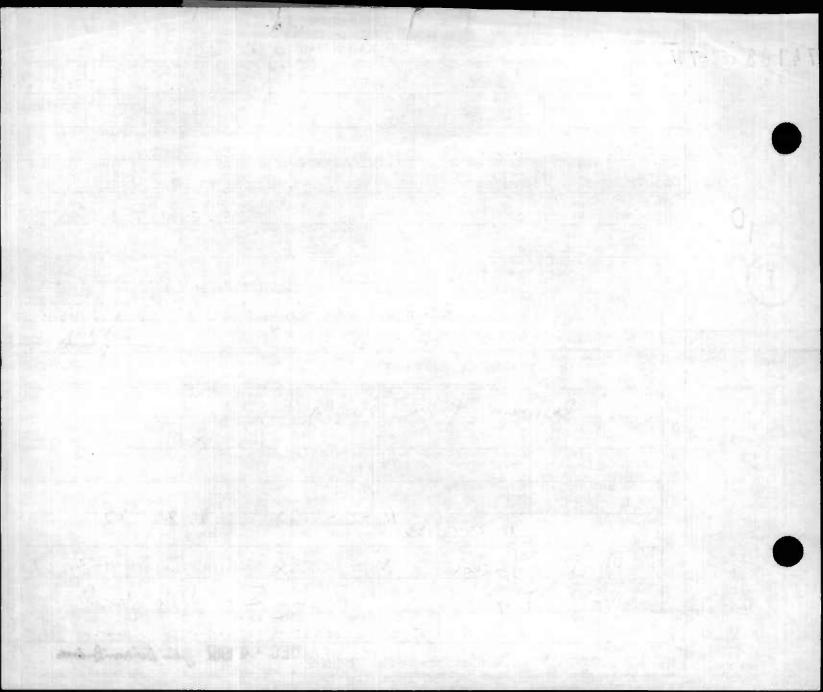
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· -7	1.	FOR STATE REGISTRAR		*	DEPART		EALTH AND	MENTAL HYG DEATH	1	REG. NO	5	3	
		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DE	EATH MONTH	DAY	YEAR	26 HOUR
		J	ohn		W.	HA	MBY			Nov.	29	1987	7:05 PA
	3. SE:			4 RACE		S. DATE C		*****	6. AGE IN YEAR	S (AST BIRTHDAY)	IF UN	DER I VEAR	FUNDER 24 HRS
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21	7a BI	RTHPLACE (STATE OR F	OREIGN	6 CITIZEN OF	WHAT COUNTRY?	8	NEVER	MARRIED -	9 BALTIMORE	CITY OR COU	NTY OF	DEATH	
5	M	aryland		U.S.A		WIDOWE		IVORCED X	Cec:	il Coun	ty.		MC
27	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER IN	STITUTION	120 USUAL OC	CUPATION OR MOST OF WORKE		26 KIND O NDUSTRY	F BUSINESS OR
1	Ri	sing Sun	1		Manor Nu		Home,	Inc.	worked o			oard	
RE	130 5	at residence (IF NURS) STATE aryland	tal Celun	OTHER INSTITUTION	Havre de	/N		CITY LIMITS?	13. STREET ADI	DRESS / ZIP C		wers	21078
n	MAFA	ATHER'S NAME		AIDDLE	1451		15 MOTHER	'S MAIDEN NA	ME	MIDDLE		1.05	
4	1	George	Will		Hamby		E	illa	^	VIDDIE	S	wartz	
0		VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO	17 INFORM			ADDRESS			2102
1	u	NES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES	217-03-1	1138	Sandi	a Bent,	915 Ca.	lvary Ro	d., Cl	hurch	ville, N
atic every		18 CAUSE OF DEATH PART I DEATH W	AS CAUSE	E CAUSE (0)	R AS A CONSEQUE	jocan	dial	Dry	portion			BETWEEN	MATE INTERVAL DNSET AND DEATH
ry, or other froun		Conditions, if any, gave rise to imm cause (0), stating underlying couse PART 2 OTHER SIGN	ediate g the last.	(6)_	R AS A CONSEQUI	ENCE OF	NOT RELATE	D TO THE TERM	IINAL DISEASE O	ir condition	GIVENI	N PART 110	<i>n</i> 0,
olu kuo s	CERTIFICATION	190 DATE OF OPERAT		196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPS	Y? 20b. II	F YES, WE	ERE FINDING CAUSES	IGS USED OF DEATH?
1	RTE						Marile.		YES N		YES [NO 🗌
Jor Hem 18 s	MEDICAL CE	216 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	21b. TIME O HOUR A P.,	M. MONTH D. M.	AY YEAR	21t. HOW I		RED (ENTER NATUR				
ped	W	WHILE NOT WH	IE 🗍	JAT HOME STR	PEET FACTORY, OFFICE P	ARM ETC }	STRE	ET	C	ITY OR TOWN		COUNTY	STATE
: If Item 21 is mork		270 I certify that (I) sow the decease above, (I) (we) (d) 270 SIGNATURE	(this hospit	11-	29 198		od that in (m)	ATTENDING	death occurred o	STAFF		from the c	
Z		22d. PHYSICIAN'S NA	ME (TYPE OF	PRINT)	500		22e ADDRE		DIRECTOR	PHI SICIAN L			0/
PORTAN		Nei	1	Torl	or		18	isma	Sum,	me	home	imel)
<u> </u>	23a E	BURIAL, CREMATION,	REMOVAL	236 DATE 12/03				CREMATORY hodist	23d LOCATION CHIT OF Churc		Ç	univ Marfoi	od Md.
7/84		JNERAL DIRECTOR	ral H	ome PA	Aberdesh	a.Md 2	1001 2	DEC	F REC' 4 B 198	TIRAR 256 RE			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physhold be detoched for use as the buriol-transit permit. Then please remove carbonas with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remain



07	5986 DE	112	FOR		EPARTMENT OF HEA	'S CERTIFICATE	OF BEATH 3 3	5 3 3	
	28 8 8 8 E		CEASED NAME FIRST	/	MIDDLE	Hanes	20. DATE KNOWN OF ESTI- DEATH MATED	10 10	25 HOU
	RAY, PLEASE DIRECTOR. OUR FILES. 172 HOURS	3 SE	emal White	DATE OF BIRTH	GE (IN YEARS IAST BIRTHDAY) YRS.		ER 24 HRS. 2c. DATE PRONOUNCED DEAD	12 17 19	872:25
0	S NECESSAR E FUNERAL E FOR YOU MITHIN WORKEST		RTHPLACE (STATE OR REGION COUNTRY)	igginia	U.S.A. w	MARRIED NEVER MAR	RCED [CCi	[Count-) M
	SELAY IS TO THE PAGE		TY OR TOWN OF DEATH Elkton AL RESIDENCE (IF IN NURSING HOME C	11 48 HOT IN SUCH FACIL	Blue Ball	ROTHER INSTITUTION	POUSEWITE	at RIND	BUSINESS LOTTE
191616		13a S	TATE Md. 136 COUP	ecil	13t. CITY OR TOWN Elkton	13d INSIDE CITY LIMITS?	1481 Blue	Ball Road	4
CAL BE CASTLAN	DEATH. GES 1, 2 AM PM 3	1)	ATHER'S NAME FIRST Elbert VAS DECEASED EVER IN U.S. AR	MIDDLE	Michael 16b. SOCIAL SECURITY NO	Dora 17 INFORMANT	WIDGE	Hawkinber	
BALTINA.	S AFTER GIVE PA ITH FOR PAGES VISION	160 (7		WAR OR GATES)			6. Hultner I		Ca.
TO MODE SHOW THE SHOW	DE EXECUTED WITHIN 24 HO REDING" IN PENCIL IN 1TEM 1 WEBICAL EXAMINER ALONG AS A BURIAL -TRANSIT PERMITHAND MENTAL HYGIENE, CREMATION, OR REMOVAL.	Z	PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR A	S A CONSEQUENCE OF	OTIC hea	ration.	0,111	ONSET AND DEAT
5	SHOULD BE EDORD "PENDIN CHIEF MEDIC E USED AS A LOF HEALTH WRIAL, CREM	CERTIFICATION	196. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTO	_ \/
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ž	THIS CE E, WRITH RWARDEL RWARDEL RAGE 3 STATE DE C, 21201 P	ME	WHILE NOT WHILE C	STREET, FACTOR	RY, FARM, ETC.	STREET	tion X, Inquiry	COUNTY	STATE
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR: BALTIMORE, MARYLAND	23a. B	ACTUAL SIGNATURE EXAMINER'S NAME TO AM (TYPE OR PRINT)	ral causes XI, A	Accident , Suicide A 23lez-Vital 123c NAME OF CEMET	M.D. DEPUTY M.D. DEPUTY ADDRESS UNIO ERY OR CREMATORY	MEDICAL EXAMINER HOSP., EK	DATE 121	STATE
07/8 25M		24 F	Burial UNERAL DIRECTORS CE	12-21-87 Puneaal	Home, P.	Cemetery	Elkton ERCO, BY REGISTRAR 734 RE 22 1987	Cecil	Md.
	(AL WID ME (D))				F-11/10	1/) //[(7]			

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STATE OF MARYLAND DEP

ART	MENT	OF	HEA	LTH	AND	MENTAL	HY
	CE	RTI	IFIC	ATE	OF	DEATH	

	IENE REG. NO	o. 🐧	5	5	3	9	
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	65	YRS	MONINS	DAYS	HOURS	MIN	
•	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH			

		REGISTRAR		CERTIF	FICATE OF DEATH	8 REG. NO		3 9
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	3 SE		White	5. DATE O	OF BIRTH DAY YEAR 1922	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MI
2/9	- (RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		
Day /		TYORTOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Union Hospita	SING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Mail Carri	WORKING LIFE) INDUSTRY	ostal S
35	130 5	TATE 136 COU	NOTHER INSTITUTION GIVE RESIDENCE BEF NTY 130 CITY OR TO ECIL ELKTO	NWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS / 131 Wesley		1921
examilie	JA) FA	THER'S NAME FIRST William	MIDDLE LAST Harr	is	15 MOTHER'S MAIDEN NA	MIOOLE	Bloodw	orth
medical			MED FORCES? 166 SOCIAL SE VE WAR OR DATES) II, Korea 412 44		Gloria M. Ha:	rris, 131 We		21921 kton,Md
ry, or other tro		Conditions, if any, which gave rise to immediate cause (o), stofing the underlying couse lost	DUE TO, OR AS A CONSEC		2 hermate	Acrest of Alwa MAL DISEASE OR COND		a
olu inin	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIC	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
tem 18 sh	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI		Y IN ITEM 18 PART 1 OR PART 2)	
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	E, FARM, ETC)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
т 21 із т		sow the deceased alive or	ital) attended the deceased fram 12-11 8 / 8 7 19 at) view the bady after death.		nd that in (my) (our) opinion .	deoth accurred an the do		
ANT: # #e		22d PHYSICIAN'S NAME (14PF	refilal.16.1	al-y	ATTENDING PHYSICIAN D	MEDICAL STAF	F 12/	19/87
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JA	YANTICAL	16 17	TE	(m)	12	3 50	ng.	erly	Ave	-Zilcton	MJ219
3a. BURIAL	, CREMATION, REMOVAL	236 DATE		23c NAME OF	CEMETERY C	RCREMATO	ORY	23d. LOCA	ATION	COUNTY	STATE
, 2, 20, 1	Burial	Dec.22,	1987	Gilpin	Manor	Mem.P	ark	Elkt	on	Cecil	Md.

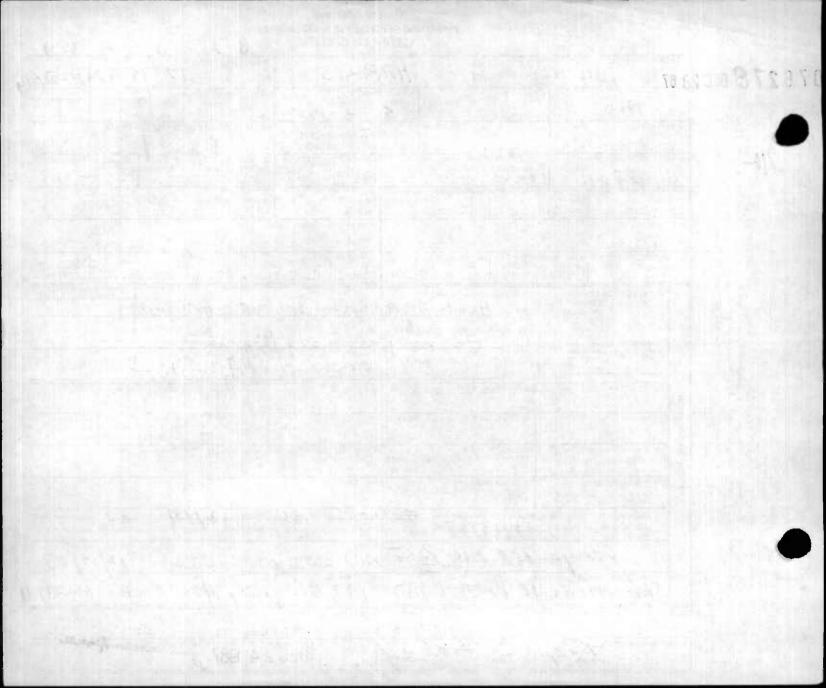
Elkton, Md.

Burial 24 FUNERAL DIRECTOR

Hicks Home for Funerals

Dec. 22, 1987 Gilpin Manor Mem. Park Elkton 250. DATE REC'D. BY REGISTRAN 250. REGISTRANS SCO. DEC 2 4 1987

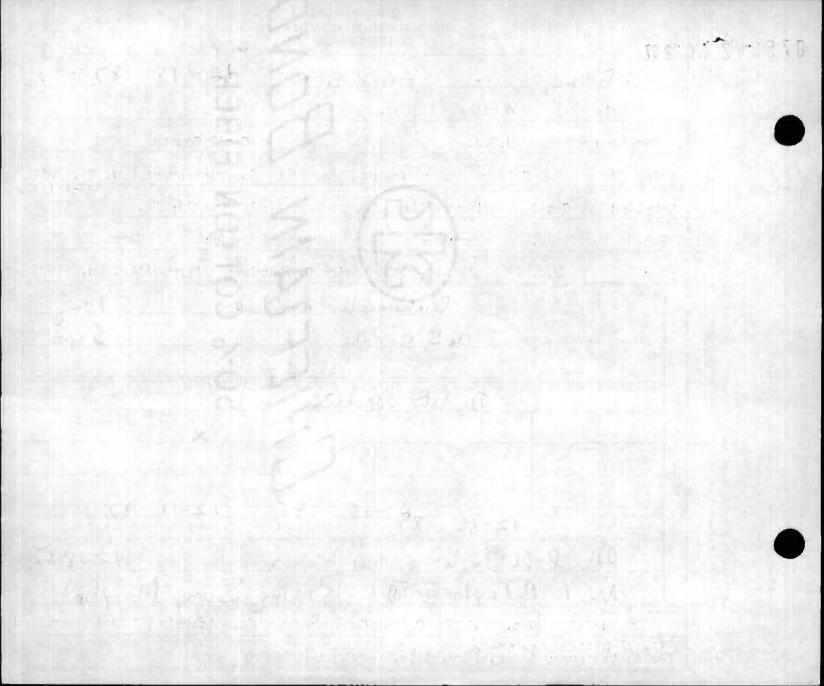
DHMH - 16 60M 7/B4 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIE		STATE	OF M	ARYL	AND	
	DEPARTMENT	OF HI	EALTH	AND	MENTAL	HYGIE

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5 52 DA	Zu. B	THPLACE I STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1/19-2		Maryland	U.S.	. A .	WIDOWE		Cecil Co	unty		MD
人人言記述	10 €	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	170 USUAL OCCUPAT		126 KIND OF	F BUSINESS OR
54/2 13/14	Ri	sing SUn	Calver	t Manor	Nursi	ng Home	Superinte		Md. S	t. Toll
1 11 4 1	SU Ja	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13. STREET ANNIPESS	/ 719 CODE	F	acilities
2 2		aryland Cec		Perryvil		YES NO	629 Frank]	in St.		21903
1 17 17	H, F	ATHER'S NAME			1000	15 MOTHER'S MAIDEN NAM				
1 1010	13	Robert	W.	Harrison		Margaret	Ann	M	larshall	ŀ
	16a A	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		12 5 11
OW DO DO	100	Yes Grunknown) I IF YES Gr	W. I	160-09-	0021	Louise C. Ha	rrison Pe	erryvil	le, Md	. 21903
ALT TO DE TO THE DE TO THE DE TO THE DETTO THE		18 CAUSE OF DEATH (Enter of	ly one cause per	line for ia_(b), and	l. c				APPROXIE BETWEEN C	MATE INTERVAL
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TO HELL		abave, (1) (we) (did) (did no	iti view the body	after death.	-	DEGREE			220 DATE	SIGNED
D a dod z		0n.0	200	LA		16) ATTENDING PHYSICIAN D	MEDICAL STA	FF CLANA	112-	1881
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nn.		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Dec. 2			EMETERY OR CREMATORY Cemetery	St. Micha	aels T	Talbot	Maryland
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DHMH - 16 60M 7/84	1,0	REPUBLICATION PALTERSON	DN + ON	Perry 1	1-0 M	aryland OF	C O 4 ADOT	ZJU. REGISTK	AK 3 SIGNATI	URE

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE	OF	MARYLANI	0

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4529 DEC-98	71-	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYG	IENE	D. 2 1		
		CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH	MONTH "	BAY WEAR	76 HOUR
noy be poge 3 rr death	{TYPE	RAYMOND	Р.	HILL	IGOSS	December	1,	1987	10:10am
mo)	3. SEX		RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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deoil deoil			Jnited States			Cecil	011	The ware	MD.
s offer	Pe	rry Point, MD	VA Medical (STREET AGORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE LIVPE OF WORK FOR MOST OF Soldier			OF BUSINESS OR
24 hou	130 S D.	AL RESIDENCE (IF NURSING HOME OR C TATE 136 COUN'		e BEFORE ADMISSION) R TOWN .ngton	13d. INSIDE CITY LIMITS?	3600 North			1999
1000	V.		IDDIE LA		15. MOTHER'S MAIDEN NAMERS	WE		LAS	51
2. 4		ymond Hilligoss		L SECURITY NO.	17 INFORMANT	ADDRE	SS		
11/13		ES NO OR HNKNOWN) LIE YES GIVE	WAR OR DATES)	0-4021	M. A. McClure,	1030 Delaw	are S	t., Ande	rson, Ind.
equires that the death in signed by the atten. Then please remove cr to buriol, cremation, injury, or other trauma	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	ateral f	Pneumonia NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIV	EN IN PART 1:	0
hos been the prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	YES NO X	IN CERTIF	S, WERE FINDII YING CAUSES S [
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ottendir se this so the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
potol or TOR Affor use of Health		279 I certify that (1) (this hospit saw Maxaca Acade X (XexoX) above, (1) (we) (did) (did not	ol) attended the deceased	from Septen	nd that in X1X (our) apinion of	to December death accurred on the de	ote and hou		· XXXXXXXX
y the hos (At DIREC detoched ote Dept		226. SIGNATURE	homen as		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	DOC.	SIGNED
JNER I be of the Stank		224 PHYSICIAN'S NAME LITYPE OR	PRINT)		22e ADDRESS	5			
etoined by TO FUNERA should be de with the Stat		MAHNUT ATAY			VA Medical C		y Poi	nt, MD	21902
Gara.		SURIAL, CREMATION, REMOVAL	236 DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP CC	Bu	rial	12/8/87	Arling	con Natl. Cem.	Ft. Myer,	Viro	inia	

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

74 FUNERAL DIRECTOR
McGuire Funeral Service, 7400 Georgia Ave. N. W.

UEC 7 1087

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	FOR		DCD 4 DV		E OF MARYLAN		IPAIP				
1	- STATE REGISTRAR		DEFARIT		ICATE OF DE		3 7	REGUÃO.	5	5 4	2
(TYP	CEASED NAME FIRST	0 1	MIDDLE	Ho	Ines	SR.	2a. DATE OF		ONTH DI	AY YEAR	21 HOUR G 45 A.
3. SE	X	4 RACE	2.	5. DATE C	F BIRTH	-11	6. AGE (IN Y	ARS LAST BIRTHD	AY)	F UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	WHIT	E	06/	03/ 19	41	46		YRS.	ONTHS DAYS	HOURS MIN
0 B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED [9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
_	ALABAMA	USA		WIDOWE		RCED 🗌		ec	11		M
	ELKTON	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET N HOSPITA	ADDRESS)	OR OTHER INSTITU	NOIT		OCCUPATION K FOR MOST OF W TER		INDUSTRY	F BUSINESS OR
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUMARYLAND CEC	NTY	GIVE RESIDENCE BEFORE 130 CHTY OR TOWN NORTHEA	N	13d INSIDE CITY YES X N	LIMITS?	13e STREET		ILL C	219	10/
	ATHER'S NAME FIRST JOHN	MIDDLE D.	LAST HOLMES		15 MOTHER'S M		ME	MIDDLE		HARRIG	
-	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL SECT		17 INFORMANT HELEN H		MES (W	ADDRESS 23 IFE) Net	Krod	a Driv	.e
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c)	CAPATON DO Chranc Rasa consequi	ENOTEST ODS ENCE OF	RUCTIVE	lun	DISEAS	sease	, I ION GIVE		ONSET AND PEATH
CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH				20a AUTO	OPSY?	20b. IF YES,	WERE FINDI	
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 714. INJURY OCCURRED	Ain	M. MONTH D. M.	AY YEAR	21c. HOW INJUI	RYOCCURR					
MEI	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET			CITY OR TOWN		COUNTY	STATE
	220.1 certify that (II (this hosp sow the deceased alive a obove, (I) (we) (did) (did n 771 SIGNALURE	of view the body	11-7 19			19 Sir) opinion o	MEDICAL	d an the date		22c. DATE	that (I) (we) last causes stated : SIGNED
23a	BURIAL, CREMATION, REMOVA (SPECIFY)	23b. DATE	23c 1	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCA	ATION R TOWN	(COUNTY	STATE

ly filled in should be f puo a prior the burial-transit per and Mental Hygiene PHYSICIAN: The sho attending physic 00 morked or of Health and TENDING Should be detached for us with the State Dept. of He etained by the haspital HOSPITAL MPORTANT: BP.

DHMH - 16 50M 7/77 (VRA 15 (4))

23a BURIAL, CREMATION, REMOVAL 23b. DATE 11/12/87 Burial

Gracelawn Mem. Pk.

Wilmington, N.C., Del

Traidown P.

Wilm., Del. MCCrery, III, 3924 Concord Pike

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Cem

0:09

126 KIND OF BUSINESS OR

NO I

22¢ DATE SIGNED

12-21-87

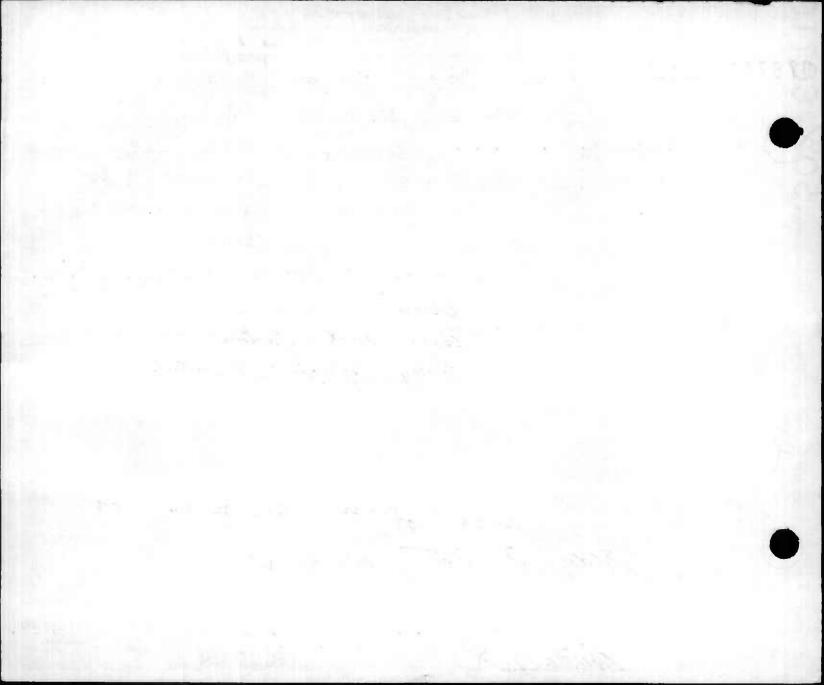
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(VRA 15, 4)

DHMH - 16 60M 7/84

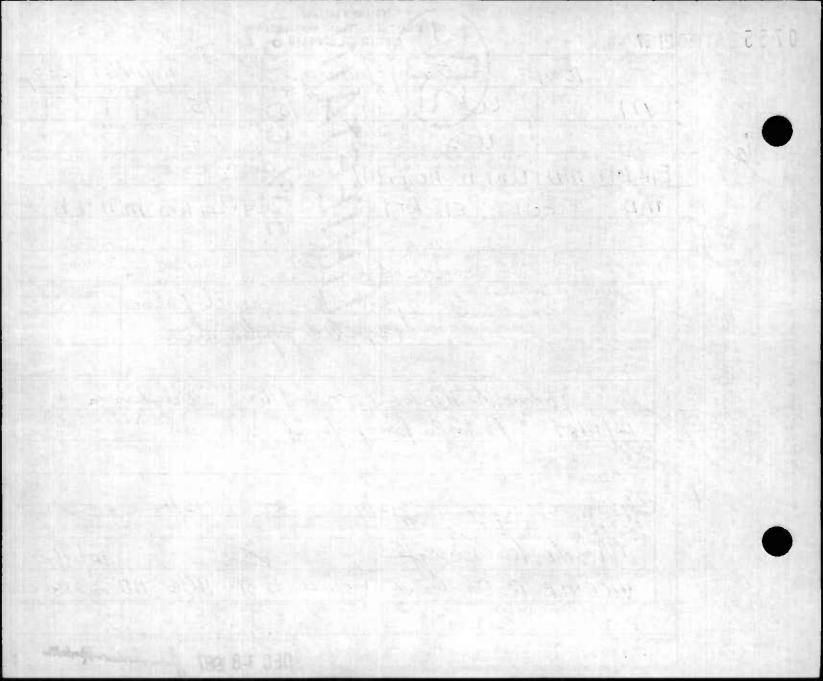
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te Thomas Lil Street	.mis IIII				



BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC	21	FOR - OTATE GIGISTRAR			ICATE OF DEATH	IENE REG. NO	5 5 4	ò
		CEASED NAME PRINT)	- Barton	9	lanney		2/14/87	26 HOUR 855
	3. SE.	m	RACE W	S DAME	SERTH YEAR 92	6 AGE (IN YEARS LAST BIRTHI	MONTHS DAYS	MOURS MIN
200	C	IRTHPLACE ISTATE OR FOREIGN OUNTRY) LTyland	LUSA	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Cecil	COUNTY OF DEATH	MD.
notified			11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME		126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF PAIL POACE	WORKING LIFE) INDUSTRY	OF BUSINESS OR
5	130	AL RESIDENCE (IF NURSING HOME OR STATE)	TY 13c CITY OR TOW		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	s mill	KB21
10	14. FA		HDDLE LAST	ji i	15. MOTHER'S MAIDEN NAM	MEDDLE MEDDLE	t.A	.ST
3	16a V	Elwood Nas deceased ever in u.s. ara	AED FORCES? 166 SOCIAL SECU		Margaret 17 INFORMANT	ADDRES	s McCau	
1	(YES, NO OR UNKNOWN) (IF YES, GIVE	705-07	- 457	Viola Jann	42 Carte	er Mill Ro	oad
event, In		PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), on BY CAUSE (a)	A	tarition	renal fa	APPRO) BETWEEN	RMATE INTERVAL ONSET AND DEATH
or other troumotic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE b) DUE TO, OR AS A CONSEQUE (c)	1 m	located py	rtic ulcer		
infory,	NO	12	angle ulne	OR BUT	Malnuhi 4	. 10	hydration	(0)
ows only	CERTIFICATION	190 DATE OF OPERATION 12/11/87	The Compision FOR WHICH	nom		200 AUTOPSY?	NO. IF YES, WERE FINDE IN CERTIFYING CAUSES YES T	NGS USED S OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	YEAR	TIL HOW NJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE ON OT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Z I is mo		220 I certify that (I) (this hospital saw the deceased alive an above, (I) (New) (did) (did apt	ol) ottended the deceosed from	12/	nd that in (my) (our) opinian d	eath occurred on the date	e and haur and from the	that (I) (we) last causes stated
E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The Signature Cante	R. Carago		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	271. DATE 12/	SIGNED
T CKIA		27d PHYSICIAN'S NAME (TYPE OR VICENTE	R. CARAG,	IR	304 LEWIS	57 - HDG	MD 21	078
5 /	- (1	BURIAL, CREMATION, REMOVAL		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	_	Burial	12-18-87 Ch	erry	Hill Meth.	Elkton	Cecil	MD
		R. Foard Fun	eral Homo ADDRESCh	esap	eake City	REC'D. BY REGISTRAR 25	M. REGISTRAR'S SIGNA	



JEAN R. BASTIEN, M.D.

Edward Collins. Funeral Home.

23a BURIAL, CREMATION, REMOVAL

(SPECIFY) 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15. 4)

23¢ NAME OF CEMETERY OR CREMATORY

Oxford.

STATE OF MARYLAND

VAMC, Perry Point, Maryland

22c. DATE SIGNED

12-19-87

2h HOUR

126 KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

NO T

STATE

IF UNDER I YEAR

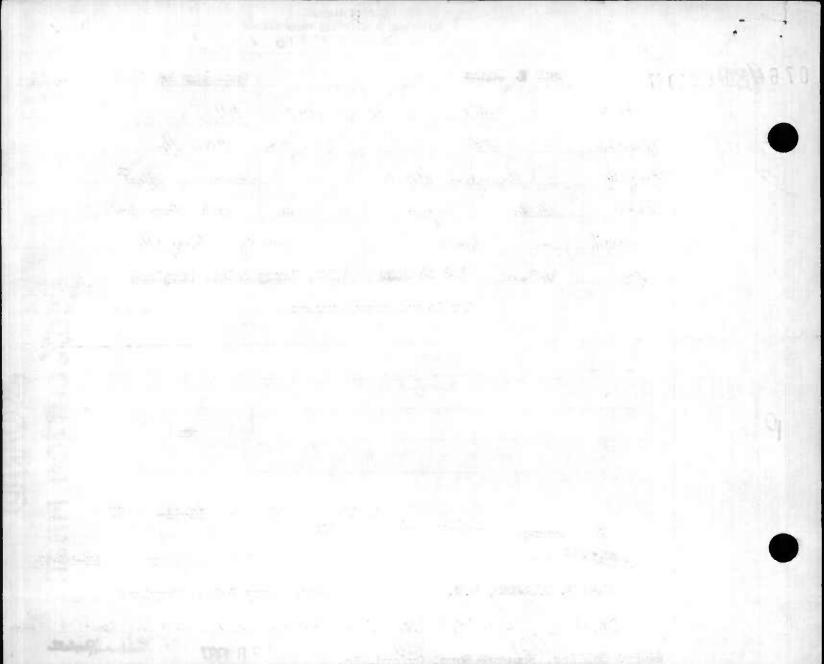
INDUSTRY

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

2:55A



0748

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irol director, page 3 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physks should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removed.

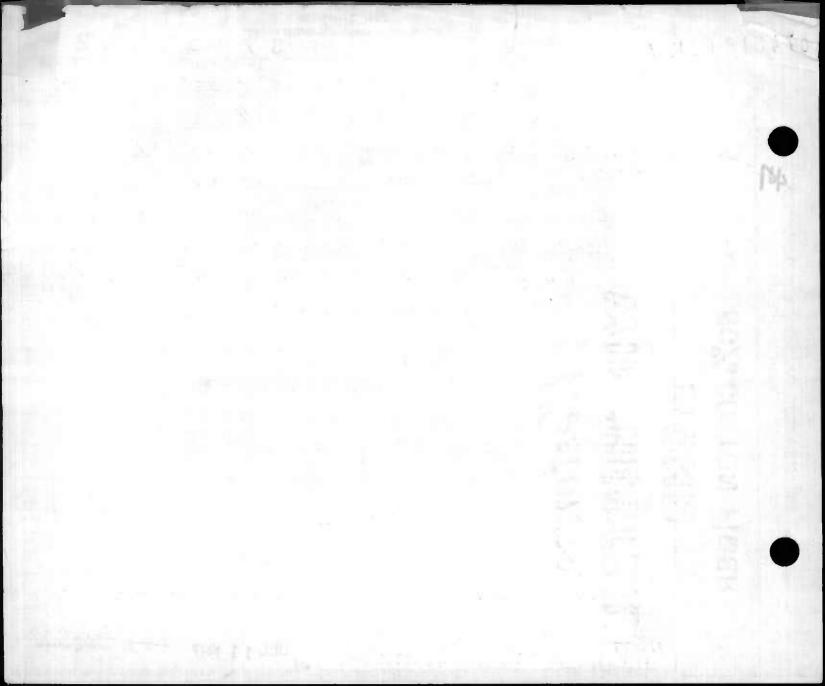
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DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

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7	100	Top	4	7
REG	NO	-		

1 - 87	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL I		5 4 7
	CEASED NAME FIRST	WIDDLE	<u>k</u> AST	Ze. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
{ TYPE	Ralph	E.	Jones	December 3, 1987	7 5:10A
3. SE)		RACE	5 DATE OF BIRTH	A AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
1. 367	MALE	BLACK	4 17 193	9 48 YRS	MONTHS DAYS HOURS M
7n. BII	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1. BALTIMORE CITY OR COUNT	Y OF DEATH
1	MARYLAND	U.S.A.	WIDOWED DIVORCED	_ 11/	VT CCCI/
7	rry Point	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET A VA Medical Cent	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) STEEL-WOLKE	2 -
Jan S	AL RESIDENCE IN NURSING HOME OR OTH STATE 13B COUNTY ARYLAND	HER INSTITUTION GIVE RESIDENCE BEFORE 13. CITY OR TOWN BALTIME	1 13d INSIDE CHY LIMITS	130 STREET ADDRESS BALT 4406 W. FOK	CO. MO. 2120 CEST PARK A
14 FA	THER'S NAME		15. MOTHER'S MAIDEN		
	FRANK "C	W. JON	ES CASSII	VA M.	HOPKINS
160 V		D FORCES? 166. SOCIAL SECUR		ADDTEM / TY	MOPKINS MORE, MOZIZ
	YES, NO OR UNKNOWN) I IF YES, GIVE W.				W. FOREST PK
NOI	Canditions, if any, which gave rise to immediate cause lai, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUED (c) NOTIONS CONTRIBUTING TO D		ERMINAL DISEASE OR CONDITION G	IVEN IN PART I(a
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	216 TIME OF INJURY HOUR A.M. MONTH DA P.M.		CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
	220.1 certify that 汉 (this haspital) saw the deceased alive an Deabove, 汉 (we) (did) 汉文帝汉 (22b. SIGNATURE	attended the deceased from 2 cember 3 198	DEGREE ATTENDIN	nion death occurred on the date and ha	ur and from the causes stated 22c DATE SIGNED
	22d. PHYSICIAN'S THAME THE CHIP	-W	PHYSICIAI 22e ADDRESS	N M DIRECTOR PHYSICIAN	
	228 V. IV AM 1916 L W	William Control		Gordon Desert De	d-4 100 01000
	JEAN R. BASTIEN	, M.D.	VA Medical	Center, Perry Po	int, MD 21902
	BURIAL	12/7/1987 CL	AME OF CEMETERY OF CREMATO	m. CITY OR TOWN HO	waro, mo
24	OF GWYNNS FAL	ERAL HOMES	5, INC, 10, 00, 00, 00, 00, 00, 00, 00, 00, 00	PATE REC'S BY REGISTRAR 23 REGIS	TARE LICHARDE dass



ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours offer

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or otherding physician.

TO HOSPITAL

BP.

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тоу ре

STATE OF MARYLAND

REG. NO.	REG NO.	5	5	4	8
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756	28	STATE STATE				CERTIF	FICATE OF DEATH	REG. N	o. 5	5 4	Ö
		CEASED NAME	FIRST		MIDDLE	t	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		7	VIRGINI		Μ.	JON				3,1987	7:43A
	3.5EX	X	4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIS	ITHDAY	MONTHS DAYS	HOURS MIN
		Female		White		Apri		78	YRS		
50		RTHPLACE (STATE OF	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OFDEATH	
2		arvland		U.S	.A.	WIDOWE	**	Cecil Cou	inty_		٨
da	10 CI	TY OR TOWN OF DE	ATH 1		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS O
10	E	lkton			wood Nur		Center	Homemaker), 44 OKKII 40 EE	INDOGIKI	
50	USU/	AL RESIDENCE IN NUE	136 COUNT	THER INSTITUTION		RE ADMISSIONS		13e STREET ADDRESS	/ 71P CODE	E 101 lea	
57		ryland	Ceci		Elktor		YES NO X	32 Feeder		and all of the last	
	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA		-		
		Robert	M	M.	Ruduli	ph	Reta	WIDDLE		Knigh	
3	16a V	VAS DECEASED EVE	R IN U.S. ARM		166 SOCIAL SECT		17 INFORMANT	ADDR	EŚS	21120 911	
1	97	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	220 20 5	5400	Touris P. Ton	200 Tm 200 T	7: mm C	. p1.	han Wa
		NO 18 CAUSE OF DEA					Louis R. Jone	es, or . 309 r	71110 2		OMATE INTERVAL
E C C C C C C C C C C C C C C C C C C C		Conditions, if any gove rise to im couse (a), stati	imediote ing the	(b)_	DR AS A CONSEQU						
Sony injury, or other troum	FICATION	gove rise to in couse (0), state underlying caus	mediote ng the e lost	DUE TO, O	OR AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED S OF DEATH?
Shows only inforty, or	ERTIFICATION	gove rise to im- couse (o), stati- underlying caus PART 2 OTHER SIG	mediote ng the e lost NIFICANT CO	DUE TO, CO	OR AS A CONSEQUI	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES	S, WERE FINDI FYING CAUSE ES	NGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)

	STATE OF MARYLAND
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	- STATE CERTIFICATE OF DEATH 3
173649 DEC-12	REG, NO.
	(F) (2) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F
2 52	JOHN WESLY KELLY JR 11-27-87 12 AM
E 4.5 1	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HKS
4 00	Male C MAY PY 1930 57 YRS MONTHS BATS HOURS MIN.
2 60 77 170	BIRTHPIAS THE BURGEST TO CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF DEATH
€ 7E %	MARRIED NEVER MARRIED
4 51 6	MD.
2 23 /4 /1"	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOTHING SIZE FACILITY, GIVE STREET A STATE OF WORKING LIEE) INDIVISION (IF NOTHING SIZE FACILITY, GIVE STREET A STATE OF WORKING LIEE) INDIVISION (IF NOTHING SIZE FACILITY, GIVE STREET A STATE OF WORKING LIEE) INDIVISION (IF NOTHING SIZE FACILITY, GIVE STREET A STATE OF WORKING LIEE) INDIVISION (IF NOTHING SIZE FACILITY, GIVE STREET A STATE OF WORKING LIEE) INDIVISION (IF NOTHING SIZE FACILITY CONTROLLED)
10 2 31 (20)	EKTON WHICH HOUTER Painter
212	UAL RESIDENCE A MINISTRE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AUMILIAND 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 84
2 2 2	130 STREET ADDRESS ZIP CODE 21-21912
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AR MERCEN	Model Mass of Myster of Model
X g	John W. Helly, St Marie as walls
Dag of	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT
III	W.W.II 194-22-8035 Frully Nee Horson- aleration may
ALT THE STATE OF THE PARTY OF T	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 BETWEEN ONSET AND DEATH
B. fice	PARTI DEATH WAS CAUSED BY:
ASS BE	IMMEDIATE CAUSE (0) CONCOLO CONTROL CO
Q # 250 p	DUE TO, OR AS A CONSEQUENCE OF
de de de la	Conditions, if any, which gave rise to immediate (b) CNA DTAG (NUMIC UPSTRUCTIVE JUMMANY)
2 2111	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
W D Wash	underlying cause last
20 Please of Paris	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
to the fact of the	
ECORDS been still minut. The prior to any fejure.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS USED
ATTAL ST. The Type of the Type	YES NO YES NO
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PHYSIC FHYSIC F Burden of Mer of Mer	21d. INJURY OCCURRED 21e. PLACE OF INJURY 21l. LOCATION SIREET CITY OF TOWN COUNTY STATE
NG PHYS offer this of dise the bar th and Me	WHILE NOT WHILE AT WORK AT WORK AT WORK
Dis Ada	22a.1 certify that (1) (this haspital) attended the deceased from 11-25, 19 57, to 11-27, 19 87, that (1) (we) last
AT SEE	sow the deceased give an 11-26 19.87 and that in (my) (aur) appropriate date and how and from the causes stated
1 4 6 C C C C C C C C C C C C C C C C C C	abave, (I) (we) (did) (did nat) view the body after death.
0 = 0 × 0 =	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 276. DATE SIGNED
선수 전투하다	PHYSICIAN DIRECTOR PHYSICIAN 11-27-87
HOSPIT HANNER ONTAN	226 PHYSICIAN'S NAME (1772 OR MINT)
HOSP Horse	DARMARA A LAREY MD (College Maryland 21913
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	Princel Warley Mitteller Printer 1000 Mist
BP	1/30/8/ Cellog Com Cellon- Cax. Mars
DHMH - 16 60M 7/84	TUNIERADOWE CTON IN REGISTRAR'S SIGNATURE
(VRA 15, 4)	Money (Species Macketons Let

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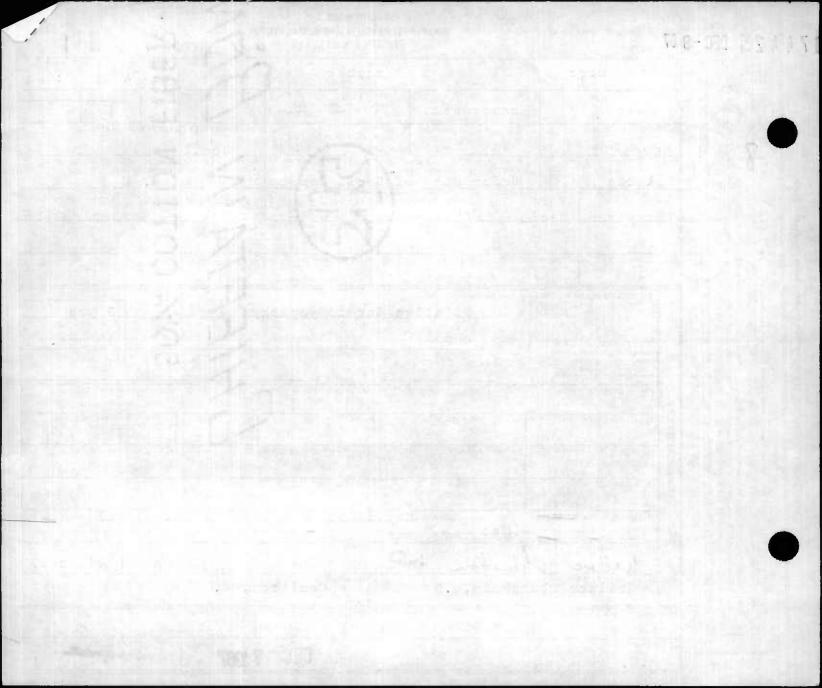
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r. po	3. SE	Female	4.	RACE Whi	+ 0	5. DATE C		6. AGE (IN YEARS LAST BIRTH	_	ONINS DAYS	IF UNDER 24 HRS
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TTEN Priorition		saw the decease above, (I) (we) (d	d alive an	iew the body	ofter death.	87. or	nd that in (my) (our) opinion (death accurred on the dat	e and hour	and from the c	ouses stated
OR A bos ched ched Dept them		226. SIGNATURE	111		-0		DEGREE	MEDICAL STAFF		22c. DATES	IGNED
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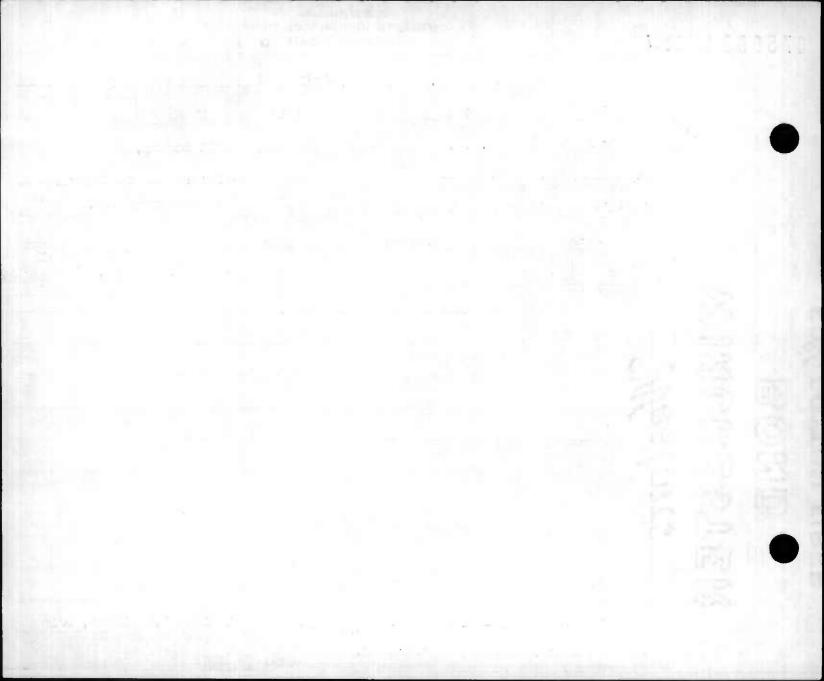
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	ECEASED NAME FIRST PE OR PRINT) Harry	F	Krastel	20. DATE OF DEATH	Dec 4 87 2:
3. SE	MAle	4 RACE causcasian	5. DATE OF BIRTH MONTH GAY VEAR 2 1918	6 AGE (IN YEARS LAST BI	MONTHS DATE HOURS
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) [arvland]	76 CITIZEN OF WHAT COUNTRY			OR COUNTY OF DEATH
10 0	Elkton	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	
USU 13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	WN (13d INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE
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-		221-09-		telElkton	ights Corner , MD
	PART I. DEATH WAS CAUS	ED RV.	ive Cardiomyopat	hy	3 yrs
	Conditions, if any, which	thi our			10 yrs
740	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	uence of <u>D death</u> but not related to the ter	MINAL DISEASE OR CON	
IIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEON		200 AUTOPSY?	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

to FUNERAL DIRECTOR: A should be detached for use with the Stote Dept, of Heal MPORTANT. II he





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	or		JNERAL DIRECTOR				ATÉ REC'D. BY REGISTRAI		The delice
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 2 DEC 18	87	FOR STATE REGISTRAR	DEPARTN		ICATE OF DEATH	REG. NO.	5 5 5 4
6 24		CEASED NAME FIRST	MIDDLE	1	AST	2a. DATE OF DEATH MOI	
6 00	-		Leslie F. Long	1	C 010711	December 1	
4 24 E	3.5€		4 RACE	5. DATE C			MONTHS DAYS HOURS MIN.
D 25 7	K	Male	Black	10	12 21	66	YRS
A 72 No	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIEI WIDOWE	DIXNEVER MARRIED D	9. BALTIMORE CITY <u>or</u> C Cecil	OUNTY OF DEATH MD.
	*	rry Point	11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY, GIVE STREET, VAMC, Perry Poi	ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Sanitation E	PRKING LIFE) INDUSTRY
24 bour	ยร์บ.	AL RESIDENCE IN NURSING HOME OR 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		134 STREET ADDRESS 4019 Gravel	Hill Road 21078
101/2	2"	Paul	Long Last		15 MOTHER'S MAIDEN NAME Emma	AE MIDDLE	Miller
3 37 17		VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRESS	
00 0	V.		V II 218 05 7	836	VAMC, Perry 1	Point, Maryla	and
death cerfecte attending physic news carbonadpe arten, at remeals traumatic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate	ly one cause per line for (o), (b), and D BY: Cardiopu. E CAUSE (o) DUE TO, OR AS A CONSEQUE (b)	THOILE	ry arrest		APPROXIMATE INTERVAL BÉTWEEN GINSET AND DEATH
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CLAN T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUSTY IN	ITEM 18, PART 1 OR PART ?)
otherdin other this of the ond Me hed or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210, PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
TTENDR Ortol or Tor use of Health	1	nn a sif at a mm (at it has it	tal) attended the deceased from	7	6-22 , 1987 nd that in (787)(our) opinion d	, to12—11 death occurred on the date	- 19.87 , that II) (we) lost and hour and from the causes stated
At OR A the hos Al DiREC Senteched are Dept		226. SIGNATURE Cynthu	1	MD	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	ZZE. DATE SIGNED
E 2 2 2 2 1	1	22d. PHYSICIAN'S NAME JTYPE O	OR PRINT)		22e ADDRESS	19	
O FUNER Hould be wederan		CYNTHIA POWE				V Point, Mary	land 21902
er errel	230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d EOCATION CITY OR TOWN	Harford Md.
BP	-	Burial			d Mem. Gardens		
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	3 S. Parke St.,	Aberd	001-3399 PAN een, MD		RESISTANTS SIGNATURE

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the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician

FOR STATE

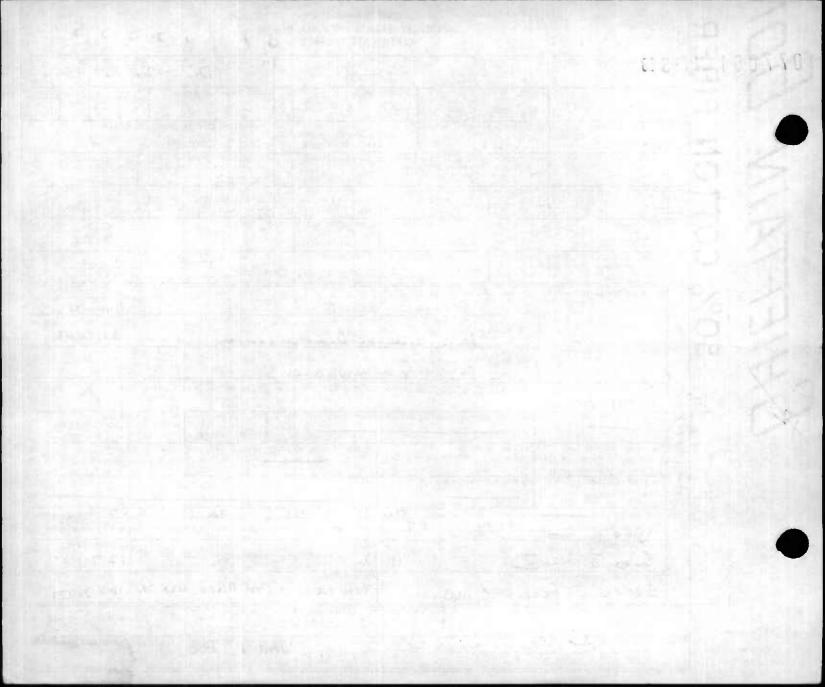
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		PART I. DE ATI		TE CAUSE (o)	Cardi	ac	arrest					1	nju	ites	
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STATE OF MARYLANI	0	
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4 DEC	161	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S REG. NO. 5	5 5 6
		DECEASED NAME FIRST	MIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3	- 1"	Orpha Orpha	F.	LUCAS	Dec. 6, 198	7 1:20 p
e d	3. 3	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR
rs aft		Female	White	Jan. 12 1901	86 YRS	MONTHS DAYS HOURS MIN
1	r₹a.	BIRTHPLACE STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
1	2	Pennsylvania	U.S.A.	WIDOWED DIVORCED	Cecil County	/,
10		CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS (
3/10	-	Rising Sun		ursing Home, Inc.	Nurse	Nursing
3 74	130	ual residence (if nursing home of state 136 course) Maryland Cec		VN 113d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 202 Main St.	21911
TO lin		FATHER'S NAME	intoing o	15 MOTHER'S MAIDEN NA		
Y) [/	1	Walter	Fairlan	FIRS?	MIDDLE	LAST
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motion		Conditions, if any, which gave rise to immediate	(b) 00000	1100-9 113		
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Mary /	MEDICAL	714. INSURY OCCURRED	73+ PLACE OF INJURY	211 LOCATION	William .	
and o	ME	AT WORK D TO WORK D	LAT HOME THE FACTORS OFFICE		29Y OF TOWN	COUNTY STATE
alth mark			sital) priended the deceased fram-	1/27/ 28/	12/6	1087
f He		sawy the electrosed give or	of view the body after death.	87 and that in (my) (our) opinion	ifeath occurred on the date and h	our and from the course stated
pt. o		obgie, (f. (we) (didf left) n 72h SIGNATURE	of view the ody after death.	DEGREE		71h DATESIGNED
e De	F	LAVINE	1 MINU		MEDICAL STAFF	12/7/5
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the DRT		1000	DP.11. 20 111.90	H. Arolina	the had 2003	2
should be determined with the State	22	-JUN CEY	Thilleps MI)	I Was I Was	The section	
	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	24	Burial FUNERAL DIRECTOR		rookview Cemete:	ry Rising Sun	Cecil MD
6 60M 7/B4	14	NAME	Ris	ing Sun, MD OF	TE REC'D BY REGISTRAN 26 BEG	To the state of
A 15. 4)		R T Page 1 D	Homo	OL OL	27	

STATE OF MARYLAND F.lm G635 1tem 18/22a DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1/14/88 rja S CERTIFICATE OF DEATH DEC DO PISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR TYPE OR PRINT ESTI OF DEATH MATED 2, AND 3 TO THE FUNERAL DIRECTOR.

3. RETAIN PAGE 5 FOR YOUR FILES.

2 SHOULD BE FILED, WITHIN 72 HOURS ALRECORRS, PQ I W. PRESTON STREET, Michael Madden Joseph IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS 74 HOUR DATE LAST BIRTHDAY) 10:25 PRONOUNCED August 30, 1954 Male White DEAD 1987 AM 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Penn. U.S.A. DIVORCED Cecil County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 38 South Main Street OR INDUSTRY Port Deposit Carpenter- Munford & Miller Co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Cecil Port Deposit 38 S. Main St. 21904 YES X NO [A FATHER'S NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 page 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 7 TAND 2.9 AFTER DEATH, WITH THE STATE DEPARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 15 MOTHER'S MAIDEN NAME MIDDLE LAST Howard BALTIMORE, Elizabeth Madden Boyd 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Shore Rd. Elizabeth C. Madden 515 W. Lewis Sh-(YES, NO. OR UNKNOWN) No 144-50-1797 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fatty Liver IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Chronic Alcoholism gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 id CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 71f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 27s. Fcertify that I to remains described obave held on Inspection death resulted fro Suicide Homicide ... Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 12-15-87 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Baltimore, MD 21201 Charles P. Kokes, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12/23/87 St. Joseph Cemetery Tom River, 07/84 Burial 24 FUNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

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DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

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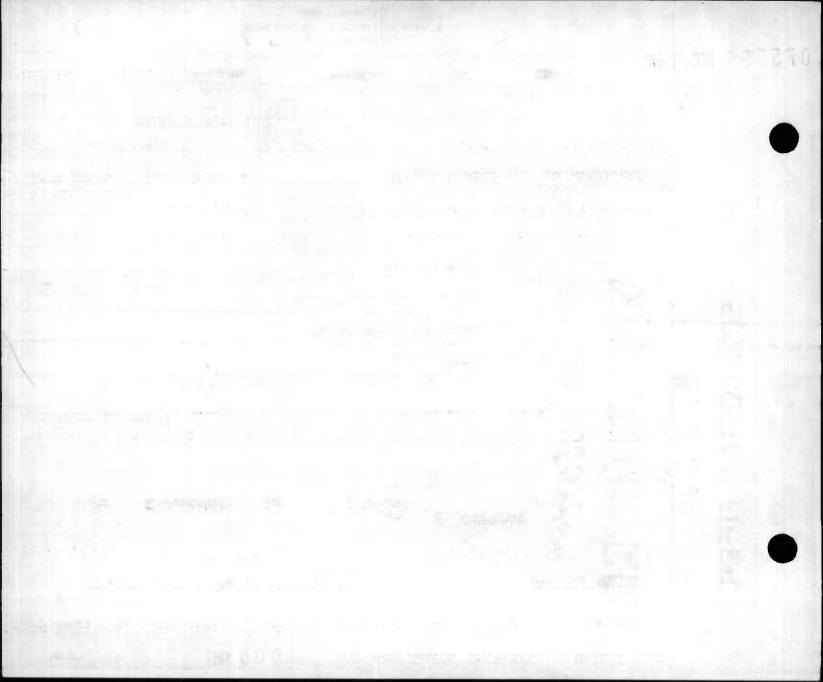
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR	DEPA		FICATE OF DEATH	SIENE REG. N	5 5	5 9	
1. 860	EASED NAME FIRST	WIDDIE		LAST	20 DATE OF DEATH	MONTH DA	YEAR	2h HOUR
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1. SEX		4 RACE	5 DATE	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY] IF	UNDER TYEAR	IF UNDER 24 HRS
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	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8		1. BALTIMORE CITY		FDEATH	
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	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME		120. USUAL OCCUPAT	ION		F BUSINESS OR
	RRY POINT MD	VA MEDICAL CE	NTER		Assembly L		INDUSTRY Letter	kennv
130. SI Per	nnsylvania fr	ROTHER INSTITUTION GIVE RESIDENCE BINTY 136. CITY OR SANKLIN Waynes	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 205 Park	St.	Army	epot
FAI	HER'S NAME Harry Lu	ther Messne		15. MOTHER'S MAIDEN NA	Elizabe	eth	Re	ed
	AS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	SECURITY NO.	17. INFORMANT	ADDR	ESS		
	Yes W.W	1100 10	6371	Mary E. Mes	sner 205 Pa	ark St.	, Wayn	esboro, I
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI	TON PNE		AINAL DISEASE OR CON	DITION GIVEN	IN PART 1:c	,
IRCATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
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- [saw the deceased alive a abave, (I) (we) (did) (did n	n DECEMBER 3 at) view the body after death.		7 , 19.82 nd that in (my) (aur) aprinian	to DECEMBE death accurred on the d		ind from the	
	226. SIGNATURE	reelor			MEDICAL STA	FF CIAN []	121. DATE	SIGNED
	VIJAY NELLORE	OR PRINT)		VA MEDICAL	CENTER PERI	RY POIN	T MD	
	JRIAL, CREMATION, REMOVA	L 236. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
15	Burial	Dec. 7,1987	Harbaud	h's Cemetert	Waynesho			nklin Co
	NERAL DIRECTOR NAME HN SNYDER FUNE	RAL HOME WAYN			TE REC'D. BY REGISTRAR	25b. REGISTRA		

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MPORTANT, if hem 21 is marked or hem 18 tha should be detached for use as the bi-with the State Dept. of Health and M TO FUNERAL DIRECTOR.

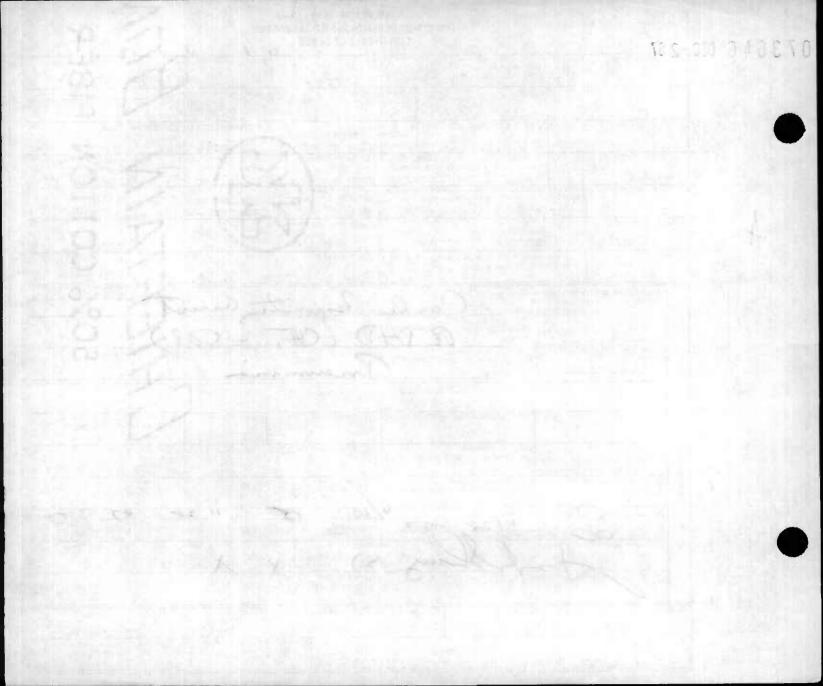


DHMH - 17 (VR A15 ME (5)) 20M 4/82

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25	Man	AL RESIDENCE OF NORTH	Harford	Aberdeer	MA SONGEONE	134 INSIDE CITY LIMITS?	1213 Nort	/ ZIP CODE		U versioner
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/	MEDICAL	714 NURY OCCURRE	LAT HENNE	E OF INJURY STREET, FACTORS, OFFICE,	FARM, TTC	ZII LOCATION	City dwife	DWM .	COUNTY	MARI
21 th ma		12x 1 certify the Tip saw the decenned	his haspital) attended alive on	the deceased from	E2	I that (a city (our) opinion	n death occurred on the d	ate and how and		t (1 Wolast nes stated
100		22h SIGNATURE	4	Show	4	ATTENDING PHYSICIAN	MEDICAL STA	734	THE DATE SIG	INED
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		URIAL, CREMATION, RE		C COLORED TO THE		METERY OR CREMATORY	234 LOCATION Litt Of FOurte	EO	unds .	A. manile
	24 Ft	Burial	12/0	1/87 So	outherr	Cemetery	Dublin		ford	- Md.
7/84	P.S.	ring Funer	al Home, PA	Aberdeen.	Md.210		9F0.0 F-190	The stage of the stage.	- JINGHIN (UNE	



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND CERTIFICATE OF	10.1	REG. NO.	5 5 2	
	1. DECEASED NAME FIRST TYPE OR PRINT) 1. DECEASED NAME FIRST FIRST 1. DECEASED NAME FIRST FIRST	Alethia 4. RACE	Murphy 5. Date of Birth	20. DATE ODEC, 27	FDEATH MONTH DA	1/87 /	920 M
	FEMALE	MhitE	JANHATY 28	1892 95	V85	PHINS DAYS HOW	FS 14.95
1	70. BIRTHPLACE ISTATE ORFOREIGN COUNTRY! Darting Town MARY And	76 CITIZEN OF WHAT COUL	MARRIED NEVER	MARRIED 9 BALTIM	PRE CITY OR COUNTY O	C 6	MD.
1	EIKTON	(IF NOT IN SUCH FACILITY, GIVE	Pital	LTYRE OF WOR	OCCUPATION RX FOR MOST OF WORKING LIFE)	HOMEMA	
7	B	OTHER INSTITUTION, GIVE RESIDENCE 134. CITY OF	TOWN 13d INSIDE	NO 2315	ADDRESS / ZIP CODE	13 Road	050
/	S: HNEY	MIDDLE DAY	ST N	S MAIDEN NAME	DE I'A	MATHET	
)	166. WAS DECEASED EVER IN U.S. AR	F WAR OR DATES!	0-1762 mrs. MI	an (buyler) 838-4 ary M. Ward	963 DDRESS Rom	Ch Spring Re 11, Many and APPROXIMATE BETWEEN ONSET	71020
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		SEQUENCE OF SECURITY OF THE LATE				
/	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		VHICH OPERATION WAS PERFO	YES 🗌	NO YES		DEATH?
-	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, () TILL THENDED BY OF THE DEBY OF	DEGREE	ATTENDING MEDICAL PHYSICIAN ADDIRECTOR	ed on the date and hour	COUNTY that	
	123 BURIAL, CREMATION, REMOVAL	236 DATE DEC. 30, 1987	Dartington Ceme	CITY	ATION YOR TOWN LINGTON HAFTEN	Con Maryla	STATE
	24 FUNERAL DIRECTOR SOSEPH WI HI AM TOS	FET 50 W. Bron	adway & Williams St Maryland 21014	250 DATE REC'D. BY		AR'S SIGNATURE	AA.

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is marked at Item 18 straws any injury, at other traumatic ex

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please reminent the State Dept. of Health and Mental Hygene prior to burial, cremin

TO HOSPITAL OR ATTENDING PHYSICIAN The low etained by the haspital or attending physician.

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STATE	OF M	ARYL	AND

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EA	RLEVILLE M		CRYSTAL BE		D.	COOK		RESTA	URAN'	T
USU	STATE	136 COUNTY	ON, GIVE RESIDENCE BEFOR	E ADMISSION)	1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
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M. O.	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	T	
CI	RISTOPHER	В.	NEWTON	JR.	EMILY	K.	776E		LOR	
	WAS DECEASED EVER	IN U.S. ARMED FORCES		JRITY NO.	17 INFORMANT	ADDRE	SS	PA	19	335
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MEDICAL	214 BYJURY OCCURS	21e PLA	CE OF INJURY STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
	22a.1 certify that (1)	(this hospital) attended	the deceased from_		, 19	, to		9	thot (I) (we) last
	saw the decease	ed alive an lid) (did not) view the ba	19_	, 01	nd that in (my) (our) apinion o	death occurred on the do	te and hour	and Irom the	couses st	ated
	776 SIGNATURE	enthio		m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		220 DATE	SIGNED	7
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23a.	BURIAL, CREMATION,	REMOVAL 236 DATE	234.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE
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24	FUNERAL DIRECTOR		ADDRESS		25a. DAT	E REC'D. BY REGISTRAR	25b. REGIST	AR'S SIGNAT	MERC	>

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNCERAL DIRECTOR After this contribute his been signed by the attending physician and should be detached for use at the bariol trainst permit. Then phone remove corbon papers, Pages with the State Dept. of Health and Mental Highers propring buriol, cremation, or removal MODORTANT. If them 21 is marked or them 18 states any injury, or other trainmostic event, the medici

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DHMH - 16 60M 7/84

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FOR STATE

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DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	IENE REG. NO	5 5	5	5
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Hopki		15. MOTHER'S MAIDEN NA. Fannie 17. INFORMANT	ME MIDDLE ADDRES	s Elk	ton,	ynch Md.
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OR AS A CONSEQUE	TENCE OF	FAILUNG			an An	L PASS
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	3. SEX	Y Female	4. RACE Wh:	ite	J. DATE C	E 18% 1899	6. AGE (IN YEARS LAST 88	BIRTHDAY)	MONTHS DACS	IF UNDER 74 HRS
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distribution of the state of th	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUL	ROTHER INSTITUTION		WN	13d INSIDE CITY LIMITS?	13e STREET ADDRES 260 W	S / ZIP COD	E 219	921
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ked or Iten	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		E, FARM, ETC)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
21 is mor		22a. I certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did n	12-5	19	(mt	nd that in (my) (our) opinion	deoth occurred on the	dote and ho	0	that 11 (we) los couses stated
II. If hem		77h SHIGHWAURE SCHOOL	1,62	25l.		DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [120 DATE	SIGNED
IMPORTAN		Rolando		era, M	.D.	105 E. Ma	in Stree	t, Ell	kton,	Md.
W		BURIAL, CREMATION, REMOVA (SRECIFY) Burial	12=1	and the second		emetery or crematory	23d LOCATION CITY OR TOWN Elkto:	2	COUNTY	STATE Md.
A 7/84 ()	24 F	UNERAL DIRECTOR	X So	FUNC	EIK	ton md DE	TE REC'D. BY REGISTR	fulia d	Tavidon A	andelle

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IMPORTANT: If hem 21 is marked or frem 18 shows any injury, as other troumatic event, the medical exo TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remaval.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH ME

4	1.0	40	5	6
REG.	NO.			345

1987

Specia Sinder B.

-3 87 REGISTRAR		CERT	IFICATE OF DEATH &	REG. NO	0.					
1. DECEASED NAME	FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR					
(LIALE OK LIKINI) ISEA	, DEWED (G/RN	Rhodes	November	- 22,1987 7:15A					
3. SEX	4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 I					
WALE	whi		Pril 9, 1903	84	YRS.					
To BIRTHPLACE ISTATE OR FO	DREIGN 76 CITIZEN OF	WHAT COUNTRY?	RIED A NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH					
North Caroline	L.S.	A WIDO		CECI Cor	inty					
10 CITY OR TOWN OF DEA		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATE						
Bising Sus		+ MANGE NUE	sing Home	Supervisor	Civil Service					
USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE ADMISSION I 13c. CITY OF TOWN	1136 INSIDE CITY LIMITS?	130 STREET ADDRESS	2,00					
Maryland	Utar ford Ca	Churchaelle 2102		2922 Chur	hville Road 1					
14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME						
Wilburn (RhodES	Ruth	Alice	REEdy					
160 WAS DECEASED EVER		166 SOCIAL SECURITY NO). 17. INFORMANT(Sau) 9.	39-0099 ADDRE	SS WOLESS AVENUE					
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	220-22-049	4 Mr. D. DAIE Rho	des House	ME CLUCE WOUNDER 910,					
18 CAUSE OF DEAT	H (Enter only one cause pe				APPROXIMATE INTERVAL BETWEEN ONSET AND DE					
PART I. DEATH W	AS CAUSED BY	Congesti	ve Weart +	aluse	20 hrs					
Conditions if now	Conditions, if any, which (b) DUE TO, OR AS A DONSEOUENCE OF Conditions, if any, which (b) Conditions, if any, which									
gave rise to imm	mediate		0		(0402					
underlying couse		OR AS A CONSEQUENCE OF								
PART 2. OTHER SIGN	VIEICANT CONDITIONS C	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CON	DITION GIVEN IN PART 1(a)					
		NONE	of the file	THE DISEASE ON CO.						
19a DATE OF OPERA	TION 196 CONE	DITION FOR WHICH OPERAT	TION WAS PERFORMED	20a AUTOPSY?						
4 1	The state of the s			YES NO	IN CERTIFYING CAUSES OF DEATH?					
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A CONTRIBUTION O	CAUSE OF DEATH	I.M. MONTH DAY YEA	AR 9							
(IF EITHER, NOTHY MEDIC 214. INJURY OCCUR!	RED 210. PLACE	OF INJURY	211. LOCATION							
	HILE [TREET, FACTORY, OFFICE, FARM, ETC.	STREET	CITY OR TOW	VN COUNTY STATE					
	22a.1 certify that (1) (this haspital) attended the deceased from 11130 , 19.57 , to 11122 , 1967, that (1) (we) last									
sow the decease	saw the deceased alive an									
224 SIGNATURE	above, (1) (we) (did) (did not) view the body after death DEGREE 270, DATE SIGNED									
1 1000	0. 100	in his	ATTENDING	MEDICAL STAF						
THE THYSICIAN'S NA	AME THE OR FRANCE	The man	220 ADDRESS 457-1		IAN					
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-	lidle Die			IN David I D.						
23a. BURIAL, CREMATION,	REMOVAL 236. DATE	23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE					
23a. BURIAL, CREMATION.	REMOVAL 236. DATE	23c NAME O	Memorial Garde	23d LOCATION CITY ORTOWN	oford Co. Mary and 20 1 250, REGISTRAR'S SIGNATURE					

BEI Air, manuland 21014

BP. DHMH 16 25M

etained by the haspital or attending physician

(VR A 15 (4)) 9/74

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	13	54	33	7
REG. NO.	2	3	67	

CLL	STATE				CERTIF	ICATE OF DEATH	8 7	REG. NO.	5 5	3 /
A LI OF	OR PRINT)	FIRST		MIDDLE	l.	AST	20. DATE OF	DEATH MONT	H DAY YEAR	2b HOUR
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3. SE	(4 RACE		5. DATE OF BIRTH MONTH DAY YEAR		6 AGE (INY	EARS LAST BIRTHDAY)	MONTHS DA	
	Female		Whi	ite	Aug.	6 1885	102		YRS	
	RTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF DEATH	
	ennsylvar	nia	U.S	.A.	WIDOWE		Ceci	1 Count	У	M
7 10 C	TY OR TOWN OF I	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATION FOR MOST OF WOR		OF BUSINESS O
	Elkton		Laurel	wood Nurs	ing H	Iome		ewife		
130 5	TATE	136 COUN	TY	131. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET A	ADDRESS / ZIP	CODE	21.002
	aryland	Cec	11:	Perryvil	те	YES NOXX		t. Mark	's Road	21903
7	Willian		AIDDLE	LAST		FIRST	WE	MIDDLE	04-	LAST
1				Wherry		Isabella		ADDRESS	Store	y .
160	VAS DECEASED EV (ES, NO OR UNKNOWN) NO	ER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	,			
	No			218-32-1	73K	Wm. Bruce Ro	berts	Perr	yville, N	
	II CAUSE OF DE	ATH Enter onl	y one conserper	Trieday (st. 1b., sh	d (c)	00			SELVE	OXIMATE BITESVAL IN CHOST AND DEATH
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Z	PART 2 OTHERS	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDINO	N GIVEN IN PARI	1(0
CERTIFICATION	19a DATE OF OPE	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		IF YES, WERE FIN	
1 =	ME C						YES	NOU	CERTIFYING CAUS	SES OF DEATH?
- E	21g. ACCIDENT WAS	UNDERLYING	21b, TIME C	OF INJURY		21c. HOW INJURY OCCUR				
.6/	OR CONTRIBUTING		TH HOUR A.	M. MONTH DA	AY YEAR					
N S	116 INJURY OCC			.M. OF INJURY	19	21f LOCATION				
MEDICAL		WHILE		REET, FACTORY, OFFICE F	ARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK AT	WORK				1:	-	2/	67	
	. /	The same of the sa	ol) ottended th	e deceased from	-5	19 19	, to	-11		that (we) lo
	saw the dec	osed alive on	new the body	almi death	, 01	nd that in my) pur) apinion	death occurre	d on the date or	nd hour and from t	the couses stated
	22h SIGNATURE	Λ		11/		DEGREE				TE SIGNED
			. /	News	1 .	ATTENDING PHYSICIAN I	MEDICAL	STAFF PHYSICIAN		
7	22d. PHYSICIAN'S	NAME ITHEOR	I TRNO	1	X	22e. ADDRESS	1			77.74
/	//	~			0					
	(/						1.00			
	BURIAL, CREMATIC		23b. DATE			CEMETERY OR CREMATORY	23d LOCA		COUNTY	STATE
1	A BL	urial	Dec.	5,198/ NE	ew Lor	ndon Presbyter	'lan Ne	w Londo	n Cheste	
24.5	before a contraction of									
4 (KERAL DIRECTOR	27341	m1 +3	Serryvil Perryvil	lurch	Cemetery 250 DAI Maryland DEC		EGISTRAR 25b. R	EGISTRAR'S SIGN	IATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

BP.

FOR

STATE OF MARYLAND

MEMI	UF	ntA	LER	ANU	MELLI	AL I
CE	RTI	FIC	ATE	OF	DEATE	1

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REG. NO.	140	140	C.	

1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	YGIENE /	REG. NO.	5 6	3
SP	OF SED NAME FIRST		MIDDLE	Row	ASI		cember 25,		26 HOUR
3 SE.	Male	4. RACE Cauc	_	5 DATE C	OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS. DAYS	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE STATE OR FOREIGN COUNTRY)	USA		WIDOWE			MORE CITY OR COL	1	MD. OF BUSINESS OR
W	arwick	300 Ch	urch Road	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF	WORK FOR MOST OF WORK		lng
13a. :	MD C	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW Warwick	N	13d INSIDE CITY LIMITS?		Church Ro	code 21912	
	John Mor	MIDDLE	Rowan, Si		Agnes	B.	Roe	LA	\$1
	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YE)	S. ARMED FORCES? S. GIVE WAR OR DATES) N/A	215-36-		Marie O'G	rady	(same)		
	PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (a)	PV	dici.	y Arrest				ONSET AND DEATH
N.	Conditions, if any, whice gove rise to immediate cause lot, stating the underlying cause los	h (b)	R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TE	ERMINAL DISI	EASE OR CONDITION	MO-	ithe.
CERTIFICATION	90 DATE OF OPERATION	19b. COND		OPERATIO	ON WAS PERFORMED	20a A		IF YES, WERE FIND CERTIFYING CAUSE YES T	
LUCKY CO.	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR A		AY YEAR	21r. HOW INJURY OCC	URRED (ENT	R NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK	CAT HOME ST	OF INJURY REET FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (I) (this saw the deceased almobave, (I) (we) (did) (did) 22b. SIGN.	ve on .			nd that in (my) (aur) opini DEGREE ATTENDING	G & MEDIC		d hour and from the	that (t) (we) last e causes stated
	ROBERT	Denitz	io MD)	PHYSICIAN 1220 ADDRESS Cecil-Ken	of He	alth Sep	vices C	ecibo M
230	Burial, CREMATION, REMO	23b. DATE 12/30		1d Bo	CEMETERY OR CREMATOR	RY 23d L	Warwick	Cecil	MD'
	Gary Fellows,	Box 270,Mi	Lllington	,MD 2		EC 2	BY REGISTRAR 250 R	EGISTRAN'S SIGNA	TORELEGE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	OY.
Moreon Moran, Sr. Ames B. Roe	rot
1/A 235-36-7990 Marte O'Crady (come)	W/N
12/30/87 Old bohewin Verries Cecil No	is total
clieve Nox 270, Milliancan, NO 21651	a was

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 5 5 5 9

-71	DEGISTRAR									
1. DE	CEASED NAME	FIRST	A	MIDDLE	LA	151	20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
	(Francis)	Frank	Jose	ph Sa	urusai	tis	N	lov. 2	9 1987	
3 SE	X		4 RACE		5 DATE O	F BIRTH	& AGE LIN YEARS LAST B		IF UNDER 1 YEAR	-
	Male		White		Janua	ry 15, 1907	80	YRS	MONTHS GATS	HOURS MI
70 BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY		Y OF DEATH	
	aryland		U.S.A.		WIDOWE		Cecil Cou	inty		
	ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS1	ROTHER INSTITUTION	12e USUAL OCCUPA (1YPE OF WORK FOR MOST Clerk-			
WSU/	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)					my
	aryland	136 COUN		13c. CITY OR TOW Elkton	N	YES X NO []	13e STREET ADDRESS 21 - A Jos			C+ 21
-	ATHER'S NAME	1 cec		DIXCOII		15. MOTHER'S MAIDEN NA		sepir G	allagel	St. 21
	John		J S	Saurusait		Anna	MIDDLE		Venskus	
lán V	VAS DECEASED EVER	IN U.S. AR		166 SOCIAL SECU		17 INFORMANT	ADDI		venskus	
	YES, NO OR UNKNOWN)		E WAR OR DATES)	213 14		Ida A. Kalwa	21 A Jose	oph Ga	llager	ST.El
	IS CAUSE OF DEAT	11.5				1 10	21 11 0050	1		OMATE INTERVAL
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FICATION	gave rise to im couse (a), state underlying couse	v, which imediate ng the e last	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YE	ES, WERE FINDS	NGS USED S OF DEATH?
RTIFICATION	gave rise to im couse (a), stati underlying couse PART 2 OTHER SIG	r, which mediate ng the e last	DUE TO, OF (b) DUE TO, OF 1c1 CONDITIONS CO	R AS A CONSEQUE	ENCE OF	WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FIND! IFYING CAUSE!	NGS USED
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CERTIFICATION

MEDICAL

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Remova] 24 FUNERAL DIRECTOR

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R NTE GISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 REG.NO. 5 5 7 0
ED NAME FIRST HEL	EN.	SHIPP -	12 20 87 2.254
malE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 30 26	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HI
LACE (STATE OR FOREIGN RY) MD.	76. CITIZEN OF WHAT COUNTRY	** AARRIED NEVER MARRIED WIDOWED DIVORCED **	BALTIMORE CITY OR COUNTY OF DEATH
RTOWN OF DEATH	Union HOS	ING HOME OR OTHER INSTITUTION ET ADDRESS) OF TAL of CECIL CO.	178 USUAL OCCUPATION 126 KIND OF BUSINESS (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMOKETE
SIDENCE (IF NURSING HOME O			13e STREET ADDRESS / ZIP CODE 2 1921
'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	
DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECULAR SECULA		ADDRESS
PART I. DEATH WAS CAUSE	nly ane couse per line for (a), (b), c ED BY: TE CAUSE (a) CA-2720°	Emmonyer A	LRE 87. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
nditions, if any, which	DUE TO, OR AS A CONSEQUE	LLW G	
ise (0), stating the derlying cause lost	DUE TO, OR AS A CONSECT	VEAL EATY 810	N.
T 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVEN IN PART 1 a
ATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED

CO 190. IN CERTIFYING CAUSES OF DEATH? NOL 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 17/19 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on 12 19 above. (1) (we) (did) (did not) view the body after death. 276. SIGNATURE DEGREE 22c DATE SIGNED

manh ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS M. MOONSRA. Ave. north 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

State Anatomy Board

12-22-87

Balto.,

250 DATE REC'D. BY REGISTRAR 156 REGISTRAR'S SIGNATURE UEC 23 1087.

CITY OR TOWN

STATE

COUNTY

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PEG NO	5	3	-/	
REG. NO!	-	-1	-	

1 0	REGISTRAR		CERTIFICATE OF DEATH	B / REG NO 3	2 / L
	CEASED NAME FIRST	MIDDLE	LAST	2ª DATE OF DEATH MONTH D	AY YEAR 26 HOUR
(TYPE	Britti	е В.	Smith	Dec. 28, 1987	4:50
3. SE	x Female	White	5. DATE OF BIRTH NOV. 3, 1897	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 74 P
	WALK, N. J.	U.S.A.	MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY O	OF DEATH
10 CI	Elkton	11. NAME OF HOSPITAL, NURSIN		126 USUAL OCCUPATION (TYPE OF WORK FOR MOSL OF WORKING LIFE) HOMEMAKET	126 KIND OF BUSINESS INDUSTRY at home
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR STATEM 136 COURS	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 13c. LITY OR TOWN	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / BIP CODE	ski Hwy 219
14 FA	THERS NAME FOOLIVER	MIDDLE SMit		WIDDIE	Evans
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TIFICATION	gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (c) CONTRIBUTING TO C	NCE OF SCUENUSIS, G	VINAL DISEASE OR CONDITION GIVE	WERE FINDINGS USED YING CAUSES OF DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT	OF	HE	ALT	H A	ND	MENTA	LI

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7074 JAN	15	FOR STATE SED ISTRAR	DEPARTM	LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. No. 5	5 7 2
1 F 6 5 1		ORPRINT) ORAN	Chester	Smith	20 DATE OF DEATH MONTH D	1 YEAR 26 HOUR 2037M
of a month	3. SE	Male	White	Dec. 31, 1912	6 AGE (IN YEARS LAST BIRTHDAY)	ONTHS DATE HOURS MIN.
1 12 25		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	8. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD.
67	-		II. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A UNION HOSP	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (Type of work for most of working life) Mechanic	125 KIND OF BUSINESS OR
Alled in	130 5	TATE 136 COUN	other institution give residence before ITY 13c, CITY OR TOWN Newark	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 16 Benny St.	19711
100	II FA	THER'S NAME FIRST John	MIDDLE Smith	15. MOTHER'S MAIDEN NA	vailable	LAST
Poper J		VAS DECEASED EVER IN U.S. AR/ VES NO OR UNKNOWN) (IF YES, GIVI	wed forces? 166 SOCIAL SECUL	RITY NO. 17 INFORMANT	ADDRESS Industries	ian Head, Md. Village Apt
physics npapers moved.	TS.	PART I. DEATH WAS CAUSEI	ly one couse per line for (a), (b), and BBY: E CAUSE (a) CO JULY		MILLIAK	BETWEEN ONSET AND DEATH
unes that the death of ignes by this design or place server dail by or other transmith	z	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	Un prenus pi	no cur cegape D	
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otherding the this tond Me hand Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
articopie partico CTOR: A fravier of Healt			al) attended the deceased from	7, and that in (my) (our) opinion	2_, to	9, that (Ii (we) lost ond from the causes stated
CAL OR A CAL ORE detoched on Dept		226. SIGNATURE	ine	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-30-87
O FUNE hould be the the St		22d PHYSICIAN'S NAME (TYPE OF	NA jera	M. D EI	KTOD MO	21921
98199		urial, cremation, removal SCremation		ame of cemetery or crematory 11verbrook	23d LOCATION CITY OR TOWN Wilmington.N	county STATE ew Castle De
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	NERAL DIRECTOR	Newark		E REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE

STATE OF MARYLAND

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72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

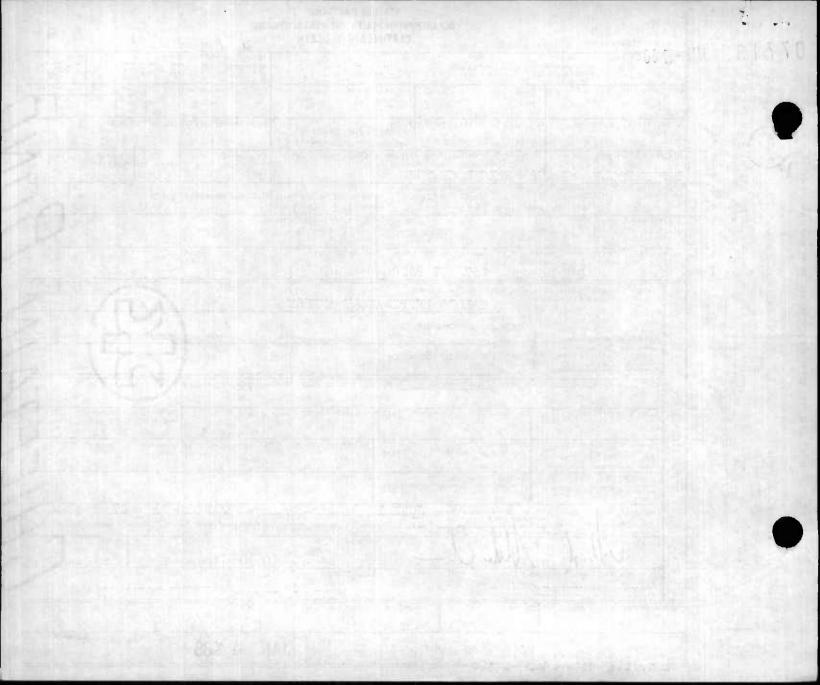
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1000	ATHER'S NAME	-				15. MOTHER'S MAIDEN NA						_
/ 10	dward	Char	MIDDLE	Chah?		FIRST		MIDDLE		t AS		
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T	YES NO OR UNKNOWN)	(IF YES, GP	VE WAR OR DATES	578 07 9								
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	218. ACCIDENT WAS UN	-	21b. TIME O HOUR A.		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER *	SATURE OF INJUR	Y IN ITEM IS	PART I OR PART 2)		
CA	(IF EITHER NOTIFY MED				19							_
MEDICAL	21d INJURY OCCUR	ние 🗀	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
	270. I certify that (I) saw the decree that (I)	ed alive or	DECFABLE	R 31 19 8		nd that in [my] (our) opinion. DEGREE ATTENDING PHYSICIAN	death accur		te and ha	27¢ DATE		-
	226 PHYSICIAN'S N	AME NIPE	OR PRINTS	14-15-2		22e ADDRESS						
		HIUDD				VA MEDICAL C			RY PO	OINT MD		
	BURIAL, CREMATION,	REMOVAL	236 DATE	236 1	NAME OF C	CEMETERY OR CREMATORY	23d LOC	ATION TY OR TOWN		COUNTY	STATE	
	burial					ville Cemetery		ckvill		ontgome		
24 FI	UNERAL DIRECTOR	Robert	A. Pum	phrey Fu	neral	Homes/ 250, DAT	N 4	REGISTRAR 1000	756 REGI	STRARS AIGNAL	Ministra	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has these signed by the ottending physician minishould be detached for use as the burnal-transit paymit. Then please remave carbonpopers with the State Dept. of Health and Mental Hygiene Pugr to befinal, cremation, or remova IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, in the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low-reduires that the death retained by the haspital ar attending physician



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director page 3

STATE OF MARYLAND

1-	FOR STATE PEGISTRAR	4.35				ALTH AND MENTAL CATE OF DEATH	HYGIENE /	REG. NO.	5 /	5
	CLASED NAME OR PRINTI	TAYL	lon	"S"	Stu	bbs, Sr.	Se DATE O	DEATH MONTH	15 8	26 HOUR 7 7-25
3. SEX	Х	4	RACE		5 DATE OF		6 AGE IN	EARS LAST BIRTHDAY)	IF UNDER 13	
M	Male		White	е	July	25 1906	81	YR		ATS HOURS A
7a BIR	RTHPLACE (STATE OR	FOREIGN 75	L CITIZEN OF	WHAT COUNTRY?	8 AAADDIED	NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DEAT	1
	Maryland	100	U.S.	Α.	WIDOWEE			il County		
10 C17	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL	OCCUPATION	126 KIN	D OF BUSINESS
E	Elkton	1		wood Nurs		nter	Contr		INDUS	Plumbi
USUA 130 S	AL RESIDENCE LIF NURS		THER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMIT		ADDRESS / ZIP CO	nea	ing
	yland	Ceci		Cheapeak				ecil Stre		21915
	ATHER'S NAME					15. MOTHER'S MAIDEN				
	William	AAS	IDDLE	Stubbs	3	Fannie		G.	Bo	oulden
16a. W	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU 213 03		Nelson D.	Ctubbe 2	ADDRESS		21915 nes. Cit
	Conditions, if any gove rise to imit cause (0), statist underlying cause	mediate ng the	(b)_	DR AS A CONSEQUE	V	ement	Delny	Diger itel con	dito-	
ICATION	gove rise to improve cause (a), status	mediate ng the last. NIFICANT CO	DUE TO, C	DR AS A CONSEQUI	ENCE OF .	lissed NOT RELATED TO THE	Delny- TERMINAL DISEAS	DPSY? 20b IF	YES, WERE FIR	
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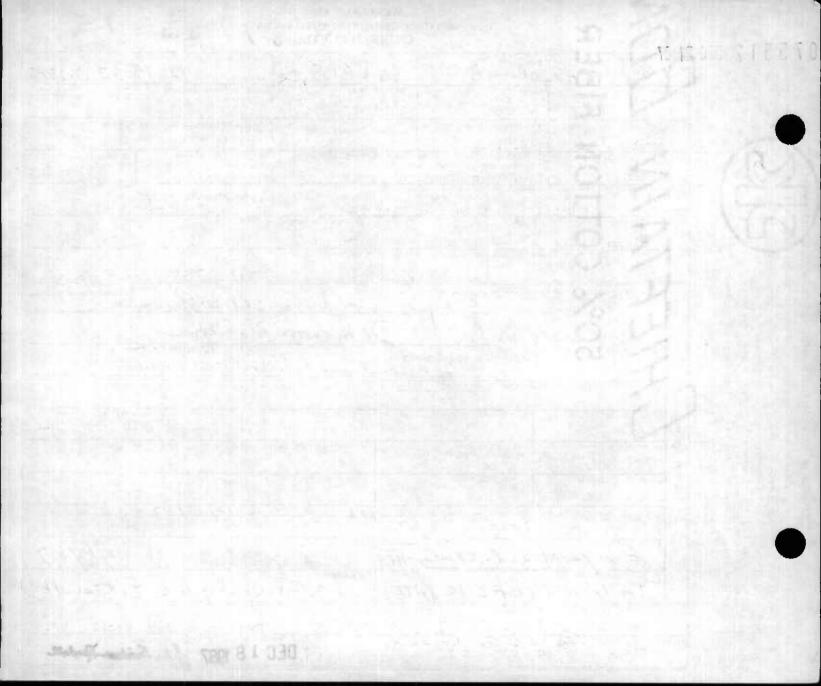
DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove corbowith the State Dept of Health and Mental Hygiene prior to burial, cremation, or resident at the Medical Lift fem 21 is marked or frem 18 shows any injury, or other troumatic expension.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

or offending physician.



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7 (6712	P DEC :	FOR STATE			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE	REG. NO	5 5	7 7	7
	oy be		1. DECEASED NAME (TYPE OR PRINT)	Elsie		Marion	i	Walker	Dec.	25,	-	DAY YEAR	26 HOUR 5:00 A.
	je 4 may	o difference of the contract o	Female		4. RACE Whi	te	S. DATE C	24° 1896		YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 2.1 HRS
	eoth. Pag	31	70. BIRTHPLACE ISTAT	inty,	76 CITIZEN OF U.S.	WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED I	9 BALTIMO	ORE CITY OF		OF DEATH	MD
6	s after di	Settified William	Elkto	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION		occupation the mark			F BUSINESS OR
MARYLAND 2120	24 havr	must be	USUAL RESIDENCE (IE 130. STATE Md.	13b. COUN	VTY	136. CITY OR TOW Elkton	N	13d INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE	le 219	921
MARYLA	ad within		14 FATHER'S NAME FIRST HOWAY	i	MIDDLE	Lawrenc		15. MOTHER'S MAIDEN N Anna Mar	AME	MIDDLE	0 41 0	LAS	
, BALTIMORE,	e execute	medical	160 WAS DECEASED E (YES, NO OR UNKNOWN NO	VER IN U.S. AR	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Gerald K.		ADDRES	11/1	kton,	Md.
	rficote b	moval.	18 CAUSE OF D PART I. DEAT			r line for al, ibi, and		age. t	7 (Enso	F	APPROX	MATE INTERVAL ONSET AND DEATH
201 W. PRESTON ST	deoth cert	otion, or re-	Conditions, if	ony, which	DUE TO, C	DR AS A CONSEQUE	NCE OF	marie 1					
01 W. PR	that the	ol, cremo	gove rise to couse (a), s underlying co	toting the	DUE TO, O	OR AS A CONSEQUE	NCEOF	elteart Fa	here	- AS	(H)		
	requires	r to bur injury.	PART 2 OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE OR COND	OITION GIVE	N IN PART 11	0
AL RECORDS,	the low ion.		NO DATE OF OP	RATION	19b. COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	NOXX	IN CERTIF	WERE FINDING CAUSES	OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, EARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 1 certify that (1) (this hospital) attended the deceased from and that in my (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c. DAJE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

236 LOCATION

22d. PHYSICIAN'S NAME (14PE OF PRINT) OSEPH G. 721 Bridge Street, Elkton, Md. Lanzi, 230 BU AL HANDN, REMOVAL

Gilpin Man. Mem. Mem. Pk EIKton Cecil 24 FUNERAL DIRE

DHMH - 16 60M 7/84 (VRA 15, 4)

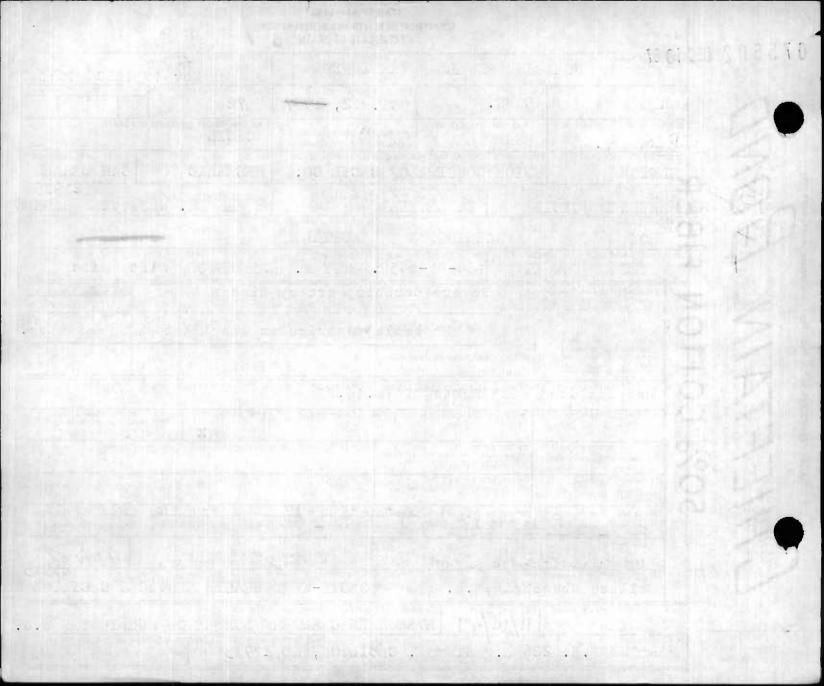
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477) FA	ROY ROY	N	WA	ARRINGTO		MURIAL	WE	F	AUCET	Ast
11/	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	2.1	BETTY K. W	ARRINGTON		fe s	ame
1 38-121		18 CAUSE OF DEAT	H (Enter ani	y one cause per	Severe	Corona	ry artery	disease		APPRO BETWEE	NONSET AND DEATH
te des firster firster for the design for the desig		PARTI DEATH W	IMMEDIATE	E CAUSE (o)			ventricula		latio		
ures that the death collics signed by the other drawn please remove corticular to burial, cremation into your other troumstead.	Z	Conditions, if any gave rise to im- cause (a), statu underlying cause	IMMEDIATE , which mediate ng the e lost	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQU	WEBLE JENCE OF	ventricula	ar fibril		on 7	minute
os been sign os been sign permit Then ne prior to bu	TIFICATION	Conditions, if any gave rise to im- cause (a), statu underlying cause	, which mediate ng the elast	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	R AS A CONSEQU	PEATH BUNC	ventricula	ar fibril	20b IF YE	On 7	minute
N: The law require system. cote has been sign onsit permit. Then, Hygiene prior to but B stanks any injury.	CAL CERTIFICATION	Conditions, if any gave rise to improve the course for status underlying cause PART 2 OTHER SIGNATOR OF CONTRIBUTING (IF ETHER, NOTIFY MEDITION CONTRIBUTING (IF ETHER, NOTIFY MEDITION CONTRIBUTING (IF ETHER, NOTIFY MEDITION CONTRIBUTING C	IMMEDIATE , which mediate ng the elost NFICANT CI TIDON DERLYING CAUSE OF DEAL ICAL EXAMINER]	DUE TO, O (b) DUE TO, O (c) ONDITIONS COND 19b. COND 21b. TIME C HOUR A. P.	OR AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO ACUTE	DEATH BY NO.	ventricul	INAL DISEASE OR CON 200 AUTOPSY? YES NO	20b IF YE	On 7	minute DINGS USED ES OF DEATH? NO [
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DING PHYSICIAN: The law require or attending physician. After this certificate has been sign se as the buriol-transit permit. Then outh and Mental Hygiene prior to buriote day from the Mission of the marked or them 18 shaws any injury.		Conditions, if any gave rise to improve the constraint of the cons	, which mediate ng the elast CAUSE OF DEAL EXAMINER] RED HILE CAUSE OF DEAL CAUSE OF DEAL EXAMINER] RED HILE CAUSE OF DEAL CAUSE OF DEAL EXAMINER] RED HILE CAUSE OF DEAL CAUSE OF DEAL EXAMINER] RED HILE CAUSE OF DEAL CAUSE OF DEAL EXAMINER] RED HILE CAUSE OF DEAL CAUSE OF DEAL EXAMINER] RED HILE CAUSE OF DEAL	DUE TO, O (b) DUE TO, O (c) ONDITIONS COND 196. COND 216. TIME C HOUR A. P. 216. PLACE (AT HOME SHI	OR AS A CONSEQUENCE OF INJURY M. MONTH D M. OF INJURY MEET, FACTORY, OFFICE. The deceased from the	DEATH BUT NO PAY YEAR 19 PARM ETC.) DESCRIPTION OF THE PARM ETC.) DESCRIPTION OF THE PARM ETC.)	Ventricul: OTRELATED TO THE TERM WAS PERFORMED TIC HOW INJURY OCCUR! If LOCATION STREET	INAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJECTIVOR TO	20b IF YE IN CERTI Y JWN ate and ha	NEN IN PART S, WERE FINI IFYING CAUS ES PART (OR PART? COUNTY	DINGS USED ES OF DEATH? NO



TO HOSPITAL

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IMPORTANT: If Nem 21 Is

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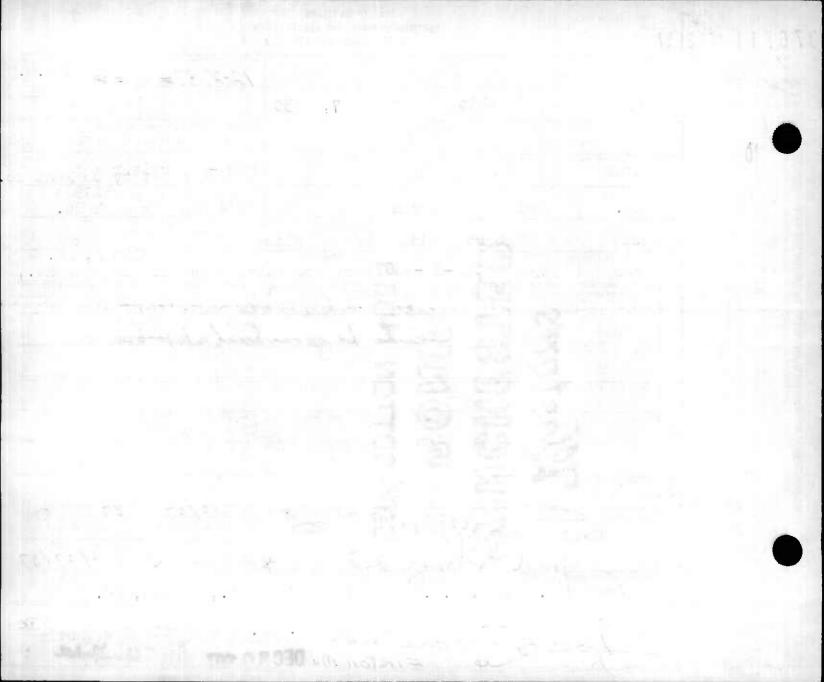
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE-CERTIFICATE OF DEATH

5 5

3	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH ORDER NO.									
	DECEASED NAME FIRST TYPE OR PRINT) ROBERT	BOMAR WHIT	12-27-87 DATE OF DEATH MONTH DAY YEAR 126 HOUR 5 A. M.							
3	SEX MALE			7, 1930	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS				
17	BIRTHPLACE STATE OR FOREIGN COUNTRY) MD	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH CECIL COUNTY N					
10	CITY OR TOWN OF DEATH ELKTON	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF								
1	30 STATE 136 CQU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN	E ADMISSION)	136 INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS / ZIP (21921				
2	Jesse	Egbert Whi	te	15. MOTHER'S MAIDEN NAM	WIDDLE	Long				
1	(VES. NO ORUNKNOWN)	rmed forces? 166 Social Section 231-38-		17 INFORMANT Mary Lou Wh	ite 1614 Olo	Elkton, Md. Blk Neck F APPROXIMATE INTE	Rd.,			
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
)	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEAT YES TO NO D	TH?			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE					
	ILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE,	FARM ETC)	STREET 19.8.7	(17 OR TOWN	COUNTY that (I) (STATE (Ce) last			
	sow the deceased of in above, (17 cve) Grap of in a 22b. SIGNATURE	sow the decreased glive an above, (If the body offer Heath, 1987, and that in (my lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer Heath, 1987, and that in (my lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and from the causes stated above, (If the offer lour) opinion death occurred on the date and hour and the dat								
1	Joseph G	. Lanzi, M.D.		721 Bridge St., Elkton, Md.						
	Burial	1-2-88 G	race	emetery or crematory Lawn Mem. P		e New Casti	STATE De			
1	FUNERAL DIRECTOR	ENERAL HON		/ 100	E-REE D. BY REGISTRAD 256 RI	GISTRAR'S SIGNATURE OF	99			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

C	21	GEGISTRAR			CERTII	FICATE OF DEATH	3 7 REG. N	16. J	2 3	0	
		CEASED NAME OR PRINTI	Edward	Bruce DRUCE	Wi	Lon. ISON	26. DATE OF DEATH	12/1	1/87	1412M	
	3. SEX	(4 RACE		5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAT	RIYEAR	IF UNDER 24 HRS	
		Male	Whi	te	Nov		63	YRS			
9		RTHPLACE (STATE OR FOR	EIGN 16 CITIZEN	OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
/		nessee	U.S.	Α.	WIDOW		(cc	/	Co	MD.	
7	_	TY OR TOWN OF DEATH	1 . 11. NAME	OF HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR	
		EIKTOR	Union	NSUCH FACILITY, GIVE STREET Hospital	of Ce	cil County	Auto Mech		Auto R	Repr.	
Ì		AL RESIDENCE (IF NURSING	B HOME OR OTHER INSTITUTE. COUNTY	131. CITY OR TOW		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			
Š	Ma	ryland	Cecil	Elkton		YES NOX	433 Big El		el Rd.	21921	
Ä	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME				
		William	WIDDLE	Wilson		Maude	WIDDIE		Mille	or	
	160 V	VAS DECEASED EVER IN	U.S. ARMED FORCE		JRITY NO	17 INFORMANT	ADDR	ESS			
	(1)		IF YES, GIVE WAR OR DATE		020	Dishamil W W	P. O.	Box 2	3		
		No		412 24 0	839	Richard W. W.	ilson, Kemb	lesvil	le, Pa.	19347	
		18 CAUSE OF DEATH Enter only one cause per line for ial, (b), and ici									
	1		MEDIATE CAUSE () HAT G	102	CLEBOTIC H	EART DIS	OUSE	100	NERAY_	
		DUE TO, OR AS A CONSEQUENCE OF								YEARS	
A		Conditions, if any, w)		_				(
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							4		
		underlying cause last.									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a									
	Z O				~	-					
97	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION F			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED	
1	FFC				_		YESTI NON	IN CERTIFY YES	ING CAUSES	OF DEATH?	
-	ERT	YES NO YE							110		
	0 1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR									
	MEDICAL	HE ETHER NOTIFY MEDICAL		P.M.	19	AN ADDITION					
	MED !	21d INJURY OCCURRED	LAT HOM	ACE OF INJURY SE STREET FACTORY, OFFICE.	ARM ETC 1	21f LOCATION STREET	City On TO	NWC	COUNTY	STATE	
	-	AT WORK AT WORK	U			lat .	,	1		District Control	
	- 1	220 I certify that	as hospital) attende	d the deceased from		1907		1	92 . 1	hat (D(we) last	
		sow the deceased	alive on	ody after death.	- 10	nd that in (m) (our) apinion (death accurred on the o	late and hour	and from the c	ouses stated	
		226 SIGNATURE	11/1	20	^	DEGREE			220 DATES	HGNED 1	
		7	MA	/1	Ma	ATTENDING PHYSICIAN [MEDICAL STA		100	411 (87.	
1		22d PHYSICIAN'S NAM	E ITYPE OF PRINT			Too income		- 4	157	020810	
		AnsAn	17 73	SINGH	. mr	UNION	HOSPITA	6	15/8	- 10000 35	
-	73n B	URIAL CREMATION PE	MOVAL 1236 DATE		NAME OF	FMETERY OF CREMATORY	1234 LOCATION				

BP.

(SPECIFY)

Burial

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval. [MPORTANT: If Hem 2] is marked or from 18 shows any injury, ar ather traumatic event, the medici

FOR

rector, page 3

DHMH - 16 60M 7/84 (VRA 15, 4)

Cherry Hill Methodist

Cherry Hill

Cecil

Md.

24 FUNERAL DIRECTOR HOME for Funerals Elkton, Md.

DEDATE RECEI BY BEGISTRARIZS B. REGISTRARS SUCHEMBER

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STATE OF MARYLA	ND
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I. SEX FEMALE CAUC. S. DATE OF BIRTH MONTH DAY 1906 81 YRS FEMALE CAUC. SEPTEMBER 19 1906 81 YRS SEPTEMBER 19 1906 81 YRS FROUNTY OF COUNTRY OF DEATH COUNTRY) MARRIED NEVER MARRIED NEVER MARRIED PARTIMORE CITY OR COUNTRY OF DEATH WIDOWEDXX DWORCED PARTIMOR CITY OR COUNTRY OF DEATH WIDOWEDXX DWORCED PARTIMORE CITY OR COUNTRY OF DEATH WIDOWEDXX DWORCED PARTIMORE CITY OR COUNTRY OF DEATH WIDOWEDXX DWORCED PARTIMOR CITY OR COUNTRY OF DEATH WIDOWEDXX DWORCED PARTIMOR CITY OR COUNTRY OF DEATH WIDOWEDXX DWORCED PARTIMOR CITY OR COUNTRY OR COUNTRY OR WIDOWEDXX DWORCED PARTIMOR CITY OR COUNTRY OR COU											
	2.00	REGISTRAR			CERTIF	ICATE OF DEATH	REON	5 5) 13	1	
П				MIDDI		IAST	2a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	{ TYPE	OR PRINT)		//dans		/ Iland		17/2	2/02	1415.	
1	5 C.C.V	TUM	L DAGE	TUHMS	I DATE	OF DIDTH	A ACE IMAYEADS LAST BID		-	IF LINDER 21 HBS	
	J. SEX				MONT	H DAY YEAR				HOURS MIN.	
		FEMALE	CAUC.		SEPTE	MBER 19, 1906	81	YRS			
0			76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVED MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
/			11.9	S. A.			Cec	/	Co	MD	
					•		12ª USUAL OCCUPATI				
		FINA!	The second second			011 111 0111 1110			INDUSTRY		
Ц		- 1 10N				ON, MARYLAND	HOMEMAKE	<u>R</u> .	1	9777	
	13a S	TATE IN TAIL OUT	NTY			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	0/4	494	
1	DEL	AWARE NEW	CASTLE	MIDDLETO	WN	YES NOXX	10 HOLLY	SQUARE	(1970	9)/	
17	TE FA										
			WIDDLE				WIDDLE	LAST			
0	40.30		MED FORCES?				ADDRE				
7				(5)							
2	N	NO		222 05 97/9 JOHN WOOL		JOHN MOOD	NEW CAS	TLE, D			
		18 CAUSE OF DEATH (Enter of	nly one cause per	line for (a), (b), on	d (c).)				SETWEEN	ONSET AND DEATH	
				nephua	Lan	faulur					
Η		IMMEDIA				\		115.19			
		C 10 10 11	DUE TO, O								
			(p)	Innu	cour						
		couse (o), stoting the	DUE TO, O	R AS A CONSEQUE	NCE OF						
		underlying cause last	((c)_	mulod	alger	she syndrome					
-		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEA H BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
	8										
7	A	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?				
1	H						YES NO	YES	ING CAUSES	NO	
	1 1	210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJUIDY		21c HOW INJURY OCCURR			hand.	110	
7	100000	OR CONTRIBUTING CAUSE OF DE	- 110110 1	M. MONTH DA	AY YEAR	ZIL TIOW INJOHI OCCORR	(EMIER MATORS OF INJU	KI DATIEM IG FM	NI (OR FAR) 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19						
	00	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	4 Day 276)	211 LOCATION	CITY OR FOWN COUNTY			STATE	
	8	NOT WHILE	(AT HOME, ST	REET, PACTORY, OFFICE, F	ARM, EIC)	37860	CIT ON COMM				
			ital) attended th	ne deceased from	12/0	10 87	10 /2/2	7	987	that (I) (we) lost	
		220.1 certify that (1) (this hosp saw the deceased alone of	121	15	67	nd that in (m) (aur) apınıan (death occurred on the d	ate and hour			
		abave, (I) (we) (did) (did not) view the body after death							276 DATE SIGNED		
		276. SIGNATURE				DEGREE	MEDICAL STA	c e			
		tunnet	sum,	MD		PHYSICIAN	DIRECTOR PHYSIC	IAN	121	29/87	
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS		_			
		Rennet	6 /	Lewis	11	A) In	ddle to	3.1	1)01	1	
	220 0		122L DATE		JAME OF	CEMETERY OR CREMATORY	123d LOCATION	17			
	730 B	SURIAL, CREMATION, REMOVAL	DECEMI				NEW CAST	T 10 3-110	COUNTY	STATE AT TAX	
		BURIAL	19	87	GLEE	E CEMETERY	NEW CAST	LE, NE	W CASIL	DELAWAR	

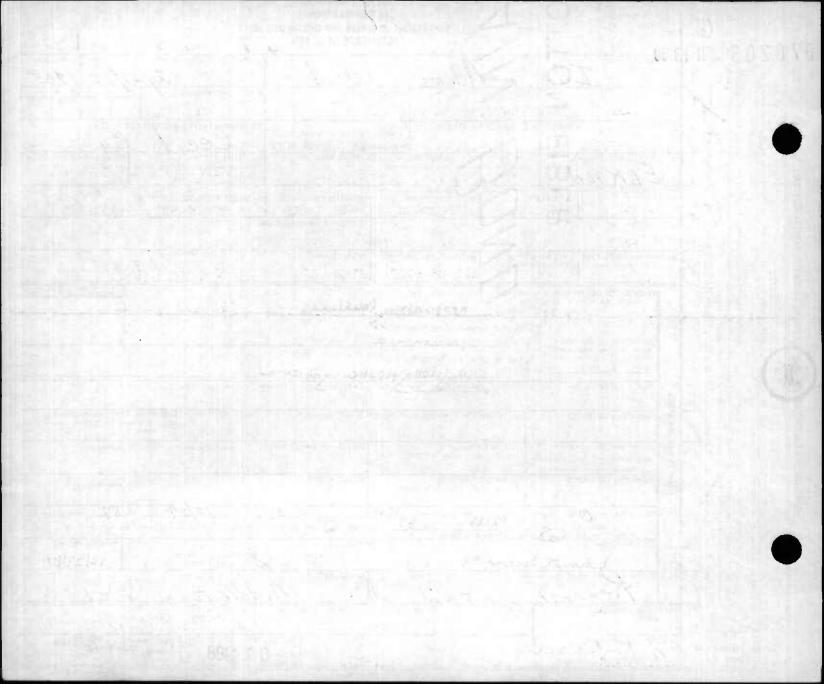
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR AND R. P. FOARD

GLEBE CEMETERY

NEW CASTLE, NEW CASTLE, DELAWARE AN 0 7 1988

CHESAPEAKE CITY, MD



TO FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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	CI	ERT	IFIC.	ATE	OF	DEAT	H	-3	

Tinden Poles

5 87	FOR STATE REGISTRAR	DEPAI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 / REC. NO. 5 3 2						
	ECEASED NAME FIRST	WIDDLE				MONTH DA	AY YEAR	% HOUR	
	JOHN	Wesley			NOVEMBER		~ /	3:10A M	
3. SE	EX	4. RACE	5 DATE	OF BIRTH	6 AGE IN YEARS LAST BIR			FUNDER 24 HRS HOURS MIN.	
1	Male	Black	Sep		64	YRS			
70. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIE WIDOW	ED NEVER MARRIED	1. BALTIMORE CITY C	RCOUNTY C	OF DEATH	MD	
4	RRY POINT MD	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STILL VA MEDICAL CEN	SING HOME		12a USUAL OCCUPAT LITYPE OF WORK FOR MOST C	ON OF WORKING LIFE)	INDUSTRY	GOV t	
USU 13a	JAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 414 Was	ningto	21	001	
7 F	ATHER'S NAME FIRST Samuel	MIDDLE LAST YOU	ing	15. MOTHER'S MAIDEN NAMED HELEN	MIDDLE		Cromwe	11	
	WAS DECEASED EVER IN U.S. AF			17. INFORMANT	ADDRI	SS			
K	Yes 195	4-1959 179 20	20 7789 Evelyn Young same as					APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	CULAR F OUENCE OF UNG WI OUENCE OF TION D	IBRILLATION TH METASTESES EBILETATION I NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIVE	N IN PART 110		
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OF			DN WAS PERFORMED	200 AUTOPSY? YES NOX YES NOX				
/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJL	RY IN ITEM 18 PA	RT I OR PART 2}		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	22a-1 certify that (I) (this hospital) attended the deceased from NOVEMBER 11 , 1987 to NOVEMBER 12 1987, that (I) (we) lost sow the deceased alive on NOVEMBER 12 1987, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above. (I) (ye) did (right and right) view the body attended the								
	226. SIGNATURE	udoulga	,	MEDICAL STA		22c. DATE S	IGNED		
	724 PHYSICIAN'S NAME (TYPE OR PRINT) GLENDON RAYSON 726 ADDRESS VA MEDICAL CENTER PERRY POIN'						NT MD		
	BURIAL, CREMATION, REMOVA	11/17/1987	Garri	cemetery or crematory son Forest	23d LOCATION CITY OF TOWN OWINGS	Mill.	Balto		
	FUNERAL DIRECTOR			II Roau	E REC'D. BY REGISTRAF	256 REGISTR	RAR'S SIGNATU	JRE	
3.1	adden Kurtz I	II Jarrettsvi	lle, M	D N	UV 1 7 1987	Allia	Dividen	Delin	

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